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ABSTRACT

The year end report documents the activities of a Kansas state implementation grant for the education of preschool handicapped children. Activities and accomplishments are outlined for two components: administration, planning, and management to meet current needs (management of existing network of programs, stimulation of programs for unserved preschoolers, and provision of appropriate staff training); and development of a long range plan for an interagency delivery system. The bulk of the document, composed of appendixes, includes excerpts from the Kansas state plan for special education, information on teacher certification, and various reports on early education prepared for legislative committees. (CL)

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YEAR END REPORT

KANSAS STATE IMPLEMENTATION GRANT

November 1981

Introduction

The period covered by this report is September 1, 1980 through August 31, 1981. It reviews the activities for which the State Implementation Grant project in Kansas was funded.

The evaluation procedures (p. 44 of the proposal) were related point by point to the activities outlined to meet the objectives and achieve the goals of the proposal. This report will address each evaluation procedure for the activities funded. Some activities of the original proposal were deleted at the time of funding negotiation. This accounts for the omission of some items in the original sequence. These are noted for the benefit of the reader in following the proposal outline.

The format of this report is to present the objectives of each component. The activities, the evaluation procedures, and the data will be displayed in three columns. Additional supportive information will be presented as attachments and identified to correspond to the component, objective and activity.

EC142419

COMPONENT I

Planning, Management, Administration and Expansion to Meet Current Needs

Objective A: To administer and manage the existing network of programs for young handicapped children.

Evaluation Question: What progress has been made in the development of programs for preschool handicapped children.

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
I.A.1. State Implementation Grant staff and members of the Preschool Interagency Coordination Committee will review and revise current Early Childhood Handicapped program standards. The revision will be submitted to the State Board of Education for adoption and dissemination as the Early Childhood Handicapped section of the FY 1982 Kansas State Plan for Special Education. During the writing, compatibility with the regulations of other state and federal agencies will be considered so as to minimize the discrepancies between these standards and those of other agencies dealing with young handicapped children.	I.A.1. Minutes will be maintained of the task force meetings and the evidence of submission of recommended revisions of the Early Childhood Section of the Kansas State Plan for Special Education. The number of copies of the section distributed will be kept by the SIG staff.	I.A.1.a. See attachments. I.A.1. List of members of the Standards Task Force. Meeting dates: March 24, 1980 May 7 July 15 October 22 November 14 December 12 January 26, 1981 A copy was submitted to Special Education staff February 1981 and was adopted by the Kansas State Board of Education on June 9, 1981. Attachment I.A.1.b. is a copy of the adopted standards. Copies were disseminated to all local Special Education Directors, Directors of Special Preschools, and Teachers in Special Preschools. Copies are available to the public upon request.
I.A.2. The SIG staff will facilitate the adoption of the proposed teacher certification requirements by serving as a resource to the Kansas Teaching Standards Board and the State Board of Education to provide information on rationale, options considered and explanations of the proposed standards.	I.A.2. Evidence of completion of this activity will be the final teacher certificate requirements document, the date of adoption and a report of the persons to whom it was disseminated.	I.A.2.a. See attachment. I.A.2.a., ECH Teacher certification requirements. I.A.2.b. There have been delays in adoption of the requirements that apply across <u>all</u> teacher certification. The entire system of certification in the state is being changed. Problems in

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
I.A.2. (continued from Page 1) Upon adoption, the certification requirements will be disseminated widely to university teacher trainers, special education directors, local preschool interagency teams, prospective teachers, and to other interested persons.		I.A.2.b. (continued from Page 1) other areas have postponed adoption of the total set of regulations until the meeting of the Kansas State Board of Education on December 10, 1981. November 1980: The early childhood handicapped requirements were accepted by the Kansas Teaching Standards Board, but are on hold during the period of changing the certification procedures. July 1981: Complete teacher certification revision was received by the Kansas Board of Education. August 11, 1981: Public Hearing on Standards. See Attachment I.A.2.b. Revisions were recommended and studied which did not involve ECH. December 10, 1981: Kansas State Board of Education will decide whether to adopt the standards as revised. (Note: Adopted December 10, 1981) I.A.2.c. For planning purposes, unofficial copies have been disseminated to Directors and Coordinators of all Special Preschools participants at statewide conventions such as CEC, Kansas Association for the Education of Young Children, Workshop: What Comes after the IEP?, and upon request to anyone interested. Copies were included in the planning handbook, see below I.A.3.

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
I.A.3. The SIG staff will prepare and disseminate a handbook for administrators responsible for early childhood handicapped programs.	I.A.3. The handbook for program administrators will be evidence for this activity. The number of handbooks and persons/organizations to whom the handbooks were disseminated will be logged. The State Preschool Interagency Coordination Committee and local administrators will be surveyed for recommendations for revisions.	I.A.3. The transmittal memorandum and the Table of Contents of the Planning Handbook appears in attachment I.A.3. Handbooks were delivered to: -Directors of Special Education in LEAs with special preschools. -Preschool Coordinators in LEAs. -Directors and Coordinators of Developmental special preschools. -Members of the Kansas Interagency Committee for Preschool Handicapped Children. -WESTAR (Western States Technical Assistance Resource)
I.A.4. Deleted by U.S. Office of Education		
I.A.5. Deleted by U.S. Office of Education		
I.A.6. Kansas State Department of Education in cooperation with Region VII Resource Access Project will jointly survey Head Start programs and local education agencies in order to decermine the extent of statewide collaborative efforts concerning services for handicapped children. Information gathered will be analyzed to assess the present state of cooperation in such areas as screening, evaluation procedures, child count, and delivery of services. The SIG and RAP staff will prepare a report with joint/recommendations of ways to improve or expand cooperation and ways to aid the handicapped child's transition from Head Start into public school.	I.A.6. Evidence of cooperation with Head Start will including maintaining the following data: -a list of persons/organizations to whom surveys were distributed. -number of surveys returned and summary of survey results. -the joint recommendations reports and persons/organizations to whom they were disseminated.	I.A.6. This activity was not fully implemented. The RAP staff person who was to have drafted the survey left prior to development of the plan. Illness of her successor prevented allocation of RAP time to this activity. The SIG staff currently have an appointment with the RAP director to reinstate this activity. The SIG director served on the RAP Advisory Council. Meetings were held February 19 and August 7, 1981. The SIG Coordinator served as reader for Basic Skills proposals and A-95 reviewer for Kansas Head Start Projects. All local interagency teams include Head Start representatives wherever there is Head Start in the community.

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
		I.A.6. (continued) In the three local committees, Head Start and the LEAs share space and staff as well as coordinated screening, evaluation and referral.
I.A.7. SIG staff will, with other state and local agency personnel, explore and initiate interagency cooperative efforts which it is anticipated will become parts of the long range comprehensive plan. The first activity will be a field test of local coordination of screening and cross referral of preschool children between the Early and Periodic Screening Diagnosis and Treatment program (EPSDT), Head Start, and a local education agency. Replication of such field test efforts will be initiated with other interagency groups and with other service activities.	I.A.7. The SIG staff will keep files on instances of local or state/local collaboration. -a task analysis of the EPSDT, Head Start, LEA and SIG coordination on screening and cross referrals will be evidence of the collaborative effort. -the SIG staff will tabulate and keep data on replications of the EPSDT, Head Start, LEA coordination, and on other cooperative models. -effectiveness will be determined by compiling the number of children participating in coordinated screenings and the number of cross referrals by specific agencies.	I.A.7. A tabulation of local communities collaborating in planning and programming for young handicapped children appears as Attachment I.A.7. Cooperative efforts are implemented by formal agreement, formal arrangements or informal practices. Although formal collaboration with EPSDT has not been accomplished the SIG Director has accepted appointment to the EPSDT Advisory Council and discussion is continuing.

Objective B: To stimulate local communities to plan, develop, and implement early education services for unserved preschool handicapped children.

Evaluation Question: Is there evidence to substantiate the local education agencies are planning services for young handicapped children?

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
I.B.1. Deleted by U.S. Office of Education		
I.B.2. The Kansas State Department of Education will utilize three funding sources, Preschool Incentive Grants, Title VI-B Special Project Grants, and P.L. 89-313 as financial incentives to encourage local communities to implement comprehensive services for unserved or underserved young handicapped children, birth to age 5 years.	I.B.2. SIG staff will keep records of a) the number and locations of active preschool interagency teams and a description of their activities. b) local education agencies with new or expanded preschool handicapped programs and their sources of funding. c) increase in number of preschool children generating P.L. 89-313 fund and P.L. 94-142 funds.	See Attachment I.B.2. See Attachment I.A.7. I.B.2.c. December 1 count Children under Age 5

	1980	1981
(P.L.89-313) Oct. 1	432	461
(P.L.94-142) Dec. 1	407	529
TOTAL	839	980

Increase 41 or 5%

Early indications indicate the increase in FY 1982 will be more dramatic because of an improved reporting system and increases that will be realized after a year of preparation.

I.B.3. Deleted by U.S. Office of Education

Objective C: To ensure availability of appropriate training for teachers, support personnel and paraprofessionals.

Evaluation Question: Is appropriate professional and paraprofessional training more accessible to early childhood handicapped staff as a result of SIG activities?

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
I.C.1. The SIG staff will review information available from surveys conducted by the Kansas Comprehensive Personnel Planning for the Handicapped Organization (CPPH) and from the in-service survey conducted by the Multi-State (Kansas, Nebraska, and Iowa) Inservice for Regular Education Project. If necessary, a survey will be developed specifically for personnel in programs for young handicapped children. The information gathered will be made available to state universities for their use in planning.	I.C.1. Data will be compiled by SIG staff on numbers of teachers and support staff needed and on the in-service need of teachers and support staff. Dissemination to state universities and other interested persons will be recorded.	I.C.1. The "vacancy report" indicated only one unfilled budgeted position in early childhood programs. Because preschool handicapped education is permissive, the report did not reflect the growing need. For example, the F.T.E. count of teachers increased from 36.20 to 47.50 between FY81 and FY82. The Head Count went from 38 to 51 persons. Additional preschool teachers are reported by the category they teach, such as hearing impaired. Information was made available to the universities through the Professional Development Task Force. The inservice needs were assessed from on-site visits to operating preschools. The greatest need was found to be in the area of preschool assessment and implementation of the IEP for teachers and support staff. Practical classroom management for social development was selected for inservice for paraprofessionals. See I.C.6. below.
I.C.2. The SIG staff will meet with the academic deans and other appropriate administrators in the Kansas Regents Institutions to explore cooperation through cross listing of courses and recognition of competency as appropriate preparation for teachers of young handicapped children.	I.C.2. SIG staff will maintain a file of letters, memoranda, meeting notes, minutes, and telephone logs which are evidence of contacts with academic deans and other university administrators regarding delivery of pre- and inservice training of teacher and support staff.	I.C.2. The objective of this activity was accomplished by the Professional Development Task Force (representatives of the Teacher Education Regents Universities) and SIG staff. The Board of Regents referred the SIG staff to the University deans.

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
		I.C.2. (continued) University of Kansas - Academic Dean supported this objective (September 1980) and indicated that initiative rests with the two departments involved, Special Education and Human Development and Family Life. Special Education counts the students Fort Hays State University - Early Childhood Education and Special Education are under the same administration. No cross listing of courses is necessary. Emporia State University - Early Childhood Education and Special Education are in the same department. The dean has met with faculty and SIG to determine responsibilities (Oct. 1980). Wichita State University - Early Childhood Handicapped sequence was initiated. An Early Childhood Handicapped position has been added. Kansas State University - Developed a sequence which is a cooperative program through Special Education and Department of Family and Child Development because of SIG influence. Because of mutual trust developed in our Professional Development Committee there has been no problem about transfer of credits in ECH between universities. No further action at this time is needed.
I.C.3. The SIG staff will confer with faculty and administrators of state universities to consider innovative teacher preparation alternatives that will increase the accessibility of training to personnell already employed in the field.	I.C.3. Correspondence, notes and minutes of meetings and telephone logs will indicate conferences with the teacher educators to promote innovative training delivery modes. Description of innovative training practices will be evidence of the desired outcome.	I.C.3.a. A meeting with teacher education faculty of five universities was held September 19, 1980, to plan a spring course for preschool teachers and support staff. At the request of the Professional Development Task Force a seminar in November 1980, gave all state university faculty a common base for the course that each university would offer in the spring. See Attachment I.C.3

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
		I.C.3.a. (continued) Twenty-nine teachers/support staff qualified for the Title VI-D stipends offered for the spring course. Enrollment was open to any otherwise qualified student.
I.C.4. Deleted by U.S. Office of Education		
I.C.5. Deleted by U.S. Office of Education		
I.C.6. The SIG staff will identify the special inservice needs of early childhood paraprofessionals and seek suitable ongoing training resources such as the State Department of Education Paraprofessional Inservice Project and Region VII Resource Access Project. Reciprocal inservice training which will apply toward the Kansas Special Education Paraprofessional permit will be explored.	I.C.6. Evidence of joint planning between SIG staff and paraprofessional training resources will be maintained. This will include: -data compiled by the SIG staff on inservice needs of paraprofessionals. -flyers for inservice workshops and lists of paraprofessionals to whom each was disseminated. -numbers of Early Childhood Handicapped paraprofessionals attending inservice and receiving permit credit.	I.C.6. Announcements of all paraprofessional inservice workshops were sent to special preschools. See Attachment I.C.6.a. The SIG staff planned for a special section on programming for social development for the statewide paraprofessional meeting March 26-27, 1981 in Topeka. SIG staff prepared a description of the paraprofessional role in special preschools for the paraprofessional facilitator project. Attachment I.C.6.b. Schools reported sixty-four paraprofessionals in preschool special education programs in FY 81 receiving permit credit.
I.C.7. Deleted by U.S. Office of Education		

COMPONENT II

Objective A: To develop a long range state plan for comprehensive services across agency lines in order to implement a coordinated interagency delivery system which will accelerate local level early childhood handicapped programs.
Evaluation Question: Has a long range state plan for comprehensive services across agency lines been developed?
Progress toward this objective will be evidenced by data related to each activity.

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
II.A.1. The SIG staff and the members of the State Preschool Interagency Coordination Committee will request opportunities to promote communication about the project's goals and concerns to other advisory committees/organizations whose concerns include young handicapped children. Advisory committees may include Governor's Advisory Council for Children and Youth, Kansas Advocacy and Protective Services, and State Special Education Advisory Council.	II.A.1. A log will be kept of appearances by SIG staff and members of the State Preschool Interagency Coordination Committee before committees and organizations to promote general awareness of the need for coordinated planning.	II.A.1. The SIG director accepted appointment to the Advisory Council for EPSDT in the State Department of Social and Rehabilitation Services and has reported on ECH issues at each meeting, April 15 and July 17, 1981. The Preschool Interagency Committee was recognized as the Preschool advisory body for the Governor's Council for Developmental Disabilities. Liaison was maintained through the Executive Secretary of the Developmental Disabilities Council who is a member of the SIG Interagency Committee. Presentations by SIG staff to promote interagency planning for preschool handicapped included: -September 10, 1980 - Early Childhood Weekend Workshop, Emporia State University -September 19 and November 21 - Advisory Council for Special Education See Attachment I.A.1. -September 23 - New Directors of Special Education Orientation -December 16-17 - Kansas Association of School Boards, Topeka -March 19-21 - Council for Exceptional Children, Topeka

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
		II.A.1. (continued) -April 22 - Directors and Potential Directors of Developmental Special Preschools, Salina (by P.L. 89-313 Coordinator with SIG staff as consultant). -April 23 - Council of Superintendents Coordination Committee Members provided information to the groups they represented. (See list of members and their agencies or organizations Attachment II.A.1.a.) An example of the activity of one member, the President of Kansas Advocates for Special Education, is the newsletter, fact sheet and conference agenda prepared by the KASE organization. See Attachment II.A.1.b. Partially as a result of such advocacy, the Legislature appointed an Interim Study Committee to study early intervention as a part of a study of special education. The SIG director was asked to present testimony. Attachment II.A.1.c. SIG staff reported to the Advisory Council for Special Education and the State Board of Education. See Attachments II.A.1.d. and II.A.1.e.
II.A.2. The Preschool Interagency Coordination Committee will continue to review its membership to determine if any other representatives from specific agencies, programs, and/or advocacy organizations need to be included. This committee will seek	II.A.2. The SIG staff will maintain a membership list of the Preschool Interagency Coordination Committee which demonstrates a diverse representation including parents, advocacy groups, service providers and agencies.	See Attachment II.A.1.a. List of Pre-School Interagency Coordination members. During the winter, the membership was reviewed. Letters were sent to agency and advocacy organization heads to request appointment or reappointment

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
II.A.2. (continued) continuing input from local communities and parents of preschool handicapped children during the entire planning process.		II.A.2. (continued) of representatives. The present members were all appointed through this process thus ensuring committment of staff time to the effort.
III.A.3. Task forces within the Preschool Interagency Coordination Committee will adopt procedures and timelines for the planning necessary to address issues which are critical to the development of preschool services for handicapped children. Committees may include the following areas: Screening, referral, assessment, service delivery, and interagency agreements.	II.A.3. A file will be maintained of task force meeting minutes, notes and recommendations indicating consensus on segments of the total plan.	II.A.3.a. See attachment for a list of meeting dates II.A.3.a. The full committee met in Salina for two days, March 12 and 13, to set the parameters of a comprehensive plan for preschool handicapped. The elements of the plan were grouped and assigned to four task forces. The meeting notes appear as Attachment II.A.3.b.
II.A.4. The various task forces will meet on a regular basis as outlined by the planning procedures. To increase the number of times the task force can meet, to increase participation of members from distant parts of the state, and to reduce transportation costs, telecommunications and conference calls will be utilized for at least half of the meetings. As consensus is reached, recommendations will be written as sections of the long range plan.	II.A.4. Data will be kept on usage of the telecommunication system and of conference phone calls to compare that time and cost to time and cost of attending meetings in person.	II.A.4. Several means were employed to increase attendance, reduce unproductive time (travel) and minimize costs. For three meetings of the Kansas Preschool Interagency Coordination Committee the task forces also met either before or after the meeting of the whole committee. These were March 13, May 5 and June 16, 1981. Professional Development met during the November 6 and 7 Seminar. Task forces, being small groups, could and did meet by conference telephone. These meetings were: -Philosophy and Parent Involvement - July 24, 1981 -Awareness and Identification - August 18, 1981

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
II.A. (continued)		II.A.4. (continued) Telenetwork meetings were held. -Professional Development - July 15, 1981 -Kansas Preschool Interagency Coordination Committee - August 6, 1981 Telenet and conference phone calls are suitable when the participants are well acquainted with each other and the task under consideration, and there is a well defined agenda. To compare costs for two meetings, the committee meetings of June 16 (in person) and August 6 (telenet) were compared.
II.A.5. Upon the completion of the sections, the respective state agency heads will be asked to review and endorse the sections.	II.A.5. Signed sections of the plan (task force recommendations) endorsed by the agency heads will provide evidence of progress toward development of a comprehensive state plan.	II.A.5. It was anticipated that long range planning would be a 3 to 5 year task. (See II.A.8.) Consequently no sections had been officially submitted to agency heads at the end of the first year.

	In Person	Telenet
Meeting dates	June 16	Aug. 6
Number Present	28	14
Estimated Total Cost	$867	$256
Cost per partici.	$ 31	$ 18
Estimated Total Travel Time	96 hr	less than 6 hrs
Average Travel Time per participant	3.5 hr	.5 hr

ACTIVITY	EVALUATION PROCEDURE	DATA AND ACCOMPLISHMENTS
II.A.6. Among those appropriate agencies, interagency agreements will be developed to implement the proposed recommendations for a coordinated delivery system. In some instances, the recommendations may need to be field tested by local preschool interagency teams prior to enacting formal interagency agreements.	II.A.6. Agreements between and among agencies will be the indicator of implementation of portions of the long range comprehensive plan.	II.A.6. One agreement was signed (in addition to two already in effect) which affects preschool handicapped services. A description of the cooperative interagency Special Child Clinic Program appears as Attachment II.A.6. The SIG Parent Committee developed and the Department of Health disseminated the brochure in Attachment II.A.6.a. to new mothers of 12 months old infants.
II.A.7. The Preschool Interagency Coordination Committee will periodically disseminate materials and documents developed as a result of their planning activities.	II.A.7. Data on the dissemination activities of the coordination committee will include materials and products distributed and lists of persons and agencies to whom materials were sent.	II.A.7. The Preschool Planning Handbook was disseminated to all special education directors with preschool programs, to all special preschool coordinators and to developmental special preschool directors and education coordinators. See Attachment II.A.7.
II.A.8. The completed plan will be recommended to the appropriate agencies for review, endorsement and for implementation of the statewide coordinated delivery system.	II.A.8. The development of the complete plan is a three to five year project. Evidence of progress toward the complete comprehensive service plan will consist of plan sections, and agreements are evidence that portions of the plan have been implemented statewide. (See 5 and 6)	II.A.8. The plan as it had evolved by August 31, 1981 appears as II.A.8. attachment. It requires further editing before it will be submitted for agency review.

YEAR END REPORT

Additional Information and Activities

The SIG staff, as members of the KSDE Special Education Administration accomplished some tasks that were directly related to the grant proposal goals but were not explicitly detailed in the proposal as activities.

Some of these are briefly described here:

PRODUCTS

Projected Costs of Serving All Handicapped Children from Birth to Schoolage.
October 7, 1980
At the request of the Legislative Research Department. The SIG staff worked with KSDE School Finance Division to produce the cost estimate projections for meeting a mandate for preschool special education. See Attachment III.A.1.

Issue Paper on Early Childhood Education for the Handicapped.
April 14, 1981
At the invitation of Governor Carlin and the request of the KSDE Executive Committee, the SIG staff prepared an issue paper presenting the rationale for early intervention, alternatives for the State of Kansas and the recommendation of the SIG staff. See Attachment III.A 2.

TECHNICAL ASSISTANCE AND PROGRAM APPROVAL

Requests for Technical assistance were responded to by telephone, in office meetings, mailing appropriate materials and on site. These activities served the purpose of revealing and highlighting the areas which needed to be addressed in the long range plan as well as contributing to the expansion and strengthening of the network of preschool programs in the state. It was through these activities that SIG staff gained the needed familiarity with the state needs and strengths to plan effectively.

Approval of programs was necessary to maintain accountability for utilization of the public funds as described in grant activity I.B.2. Costs of travel were born by the state monitoring fund. Twelve programs were visited in this way. The information was used in revising regulations, as well as developing the long range plan.

PROFESSIONAL ACTIVITIES

SIG staff meet with other professionals to discuss formation of an Division of Early Childhood at the federation level Council for Exceptional Children. Plans are developing. The expectation is that this organization will provide a permanent vehicle for the exchange of ideas similar to ECH Consortia in other states.

National Meetings

SIG Staff attended:

September - SIG Director attended Director's meeting.

November - SIG Coordinator convened a panel on teacher training and certification for early childhood handicapped for National Association for the Education of Young children. (SIG staff unable to attend because of personal emergency.)

December - SIG Director and Coordinator attended CEC_HCEEP in Washington, D.C.

March - SIG Director and Coordinator attended WESTAR Workshops in Denver. SIG staff presented a session on program evaluation and served as respondent to Dr. Weikart's talk.

State Meetings

SIG Staff attended:

- Kansas Association of Special Education Administration meeting
- United School Administrators meeting
- Council for Exceptional Children meeting
- Other workshops that were deemed appropriate to the goals of the proposal

CONCLUSION

It is the opinion of the SIG staff that the objectives reached during this year have significantly moved the state of Kansas toward realizations of the goal to promote early intervention for young handicapped children through an ongoing planning process.

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Vacancy to be filled 1/27/82

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Carbon copy to Megan Marmor of all information

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EARLY EDUCATION

DEFINITIONS

Education: An early education for a young handicapped child is an organized program of purposeful, sequential activities, which are appropriate to the developmental age of the child as defined in the individualized education program (IEP). The child must be actively involved in the activities associated with the objectives in the IEP under the supervision of qualified staff. The role of the parent shall be included in the IEP objectives.

School Year: A school year for an early childhood education program for the handicapped shall consist of 540 hours for the Center-Based Group Service Model; 215 hours for the Home-Based/Individual Service Model; or any proportional combination of the two models.

Severely Handicapped: Those children who have one or more handicapping conditions which chronically impede and by their complex nature produce serious learning, developmental, and/or behavior problems. Such conditions are characterized by extreme deviation from age appropriate developmental behavior(s) in any of the following areas: motor functioning, self-help skills, cognition, communication, and interaction with the social and/or physical environment.

Mildly/Moderately Handicapped: Those children who have one or more handicapping conditions which to a significant extent impede age appropriate behavior in any of the following areas: motor functioning, self-help skills, cognition, communication, and interaction with the social and/or physical environment. Special assistance is required to minimize or to compensate for identified limitations.

Developmentally Delayed or "At Risk" Children: A variety of handicapping conditions are frequently associated with infants born prematurely having severe respiratory distress, hypoglycemia, or other complicating factors. These handicapping conditions may include central nervous system damage, sensory deficits (visual and auditory), and impaired performance in mental and language development. All of these handicaps have a later correlation to lowered academic achievement. Early intervention to overcome or lessen the delay has been determined to be beneficial.

At times children may exhibit such developmental lags or delays which at an early age are difficult or impossible to identify as specific handicapping conditions. These at risk or developmentally delayed children may be served in early

childhood programs for the handicapped but after age three such children shall not be reported as handicapped nor be counted for the generation of state or federal special education funding. Such funding becomes available when/if a specific handicapping condition is identified.

Caregiver: Caregiver means any adult, relative or non-relative, who is responsible on a regular basis for a significant portion of the care of the child. Caregivers include the natural parents, foster parents, legal custodians and others such as siblings, relatives, family child care providers or teachers in day care, Head Start and other preschools.

INTRODUCTORY STATEMENT

Early childhood education programs for the handicapped are designed especially for children from birth to school age (as defined in Kansas Administration Regulation 91-12-21). Children are eligible who are identified as having one or more handicapping conditions which to a significant extent impede age appropriate behavior or prior to age three are identified as handicapped or at risk, developmentally delayed. Intervention by special teaching methods, techniques, or procedures are required to minimize or to compensate for identified learning limitations in sensory and motor functioning, self-help skills, cognition, communication, and interaction with the social and/or physical environment.

LEGAL AUTHORITY

Funding for early childhood programs is authorized by Kansas Administrative Regulation 91-12-21 which specifically states that ... *services for preschool children are authorized but not mandated and nothing herein shall be construed to prevent the use of local funds or state special education categorical funds for such preschool programs.*

PROGRAM PURPOSE

The purpose of the early childhood handicapped education programs is to alleviate or prevent the adverse effects of handicapping conditions on the ability of young children to learn, to reduce the cumulative effects of failure to develop at age-typical rates and to bring children with handicapping conditions to as near age appropriate preacademic developmental levels as possible through education as defined above.

SCREENING AND IDENTIFICATION

Preschool screening by local education agencies is required. Preschool means birth to school age (as defined in K.A.R. 91-12-21). Screening services shall be made available to preschool children whose parents are concerned regarding their future educational progress. Evaluation/diagnostic measures shall meet the requirements outlined in this document. Parents shall have the right to observe the testing and evaluation and to have consultation in observing their child in order to assist in the evaluation process. (See SCREENING, EVALUATION, PLACEMENT, AND REVIEW PROCEDURES section).

CURRICULUM AND INSTRUCTION

Any activity or skill which age peers typically acquire through maturation, exposure, imitation or incidental, unstructured teaching and which is not acquired by a special needs child is an appropriate teaching objective.

Curriculum domains include:

Perceptual-Motor - Coordination of gross and fine motor skills, perceptual skills and body awareness.

Cognition - Concept formation, discrimination, generalization, awareness of cause and effect and expectation.

Communication - Symbolic representation, receptive and expressive language through sound production skills and/or non-verbal communication.

Social-emotional - Bonding, independence, cooperation and compliance, peer and other social interaction skills.

Self-Help - Feeding, toileting, dressing and daily living activities.

The content of the curriculum is preacademic and prevocational. Skills of observation, attention to salient features, comparisons, exploration, and manipulation are necessary before concept formation can occur. Concepts of sequence, number size, color, etc., must be learned prior to reading or arithmetic skills. Self awareness and self-help are taught to foster a positive self-concept, learning set and to prepare for future acquisition of vocational skills. Instruction is intentional, sequenced, multi-sensory, and activity-based and is directly related to the goals and objectives for each child. Use of free play (recreation) offers an opportunity to practice well learned skills, thereby establishing them through overlearning and opportunity to generalize concepts.

Whenever handicapped and non-handicapped children are in the same classroom, there shall be particular attention to fostering interaction between and among the handicapped and non-handicapped children.

The mediators of learning include all significant persons in the child's day to day experiences. Thus, parents, caregivers, siblings, professionals, and paraprofessionals comprise the teaching team for a preschool child.

ADMINISTRATIVE STRUCTURES

The program model selected by each district may vary. Particular conditions within each local education agency should determine the appropriate delivery model. These conditions might include the number of handicapped children to be served, the types of handicaps represented among the children, the severity of handicapping conditions, and the educational needs of the children. Interrelated programs, rather than categorical groupings, are encouraged on the condition that appropriate program services are provided to children with specific handicapping conditions which require specialized equipment and treatment, for example, the sensory impaired.

Local education agencies in Kansas may organize services for preschool handicapped children in the following ways:

1. They may establish individual programs within their own school district.
2. They may establish a cooperative program with one or more other school districts.
3. They may contract with an approved special purpose school or program which has appropriate special education services for preschool level handicapped children.

Because of the nature of early development, full year programs are strongly encouraged. Summer programs in which services are extended beyond a full school year program may be reimbursed on a proportionate basis for the additional program.

Exceptions to requirements for a full time program may be made only by the IEP team for individual children whose physical, developmental, and/or emotional needs, travel distance, or family considerations indicate such an exception. Such exceptions shall be included and certified as a part of the child's IEP.

Three general service models will be approved: the Center-Based/Group Model, the Home-Based/Individual Model, and proportionate combination of the two models.

Center-Based/Group Model

Three types of center-based settings for early childhood programs may be considered as possible placement alternatives for a young handicapped child. These are (1) a special early childhood program, (2) an integrated early childhood program, and (3) regular early childhood program. Such programs shall consist of 540 hours for a full school year.

The center-based program selected for a group of children should reflect the necessary environmental and programmatic adaptations that will allow each handicapped child to function as a member of the classroom group and to receive the special individual instruction he/she requires. Each of the three types of programs provides different educational and service opportunities which should be considered carefully in the placement of any handicapped child.

Enrollees deemed appropriate for a particular classroom alternative are those whose needs, as determined by a comprehensive evaluation, can be most effectively met in that particular setting. A handicapped child should be maintained in the least restrictive environment possible wherein the services and educational programming required by the child can be provided.

A special early childhood program is designed specifically to serve young handicapped children. The classroom enrollment is comprised entirely of children who may present a variety of handicapping conditions which vary from mild to severe. Such programs usually contain a concentration of children with severe disabilities.

Special early childhood programs should be designed to provide more intensive specialized services to children who need varied and continued assistance in the form of specialized therapy, special equipment or materials, individual care and supervision, and individualized educational programming.

The classroom may be interrelated or categorical. The teacher of the interrelated classroom shall be certified for early childhood handicapped teaching. The teacher of a categorical classroom shall be certified for the single category being served and have experience, practicum or training with preschool children.

An integrated early childhood program serves both handicapped and non-handicapped children in a single classroom setting with handicapped children constituting a higher proportion of the classroom population than that found in a regular preschool setting. Handicapped children who are placed in integrated programs may present a variety of handicapping conditions ranging from mild to severe. In such programs, mildly moderately handicapped children shall constitute not less than one-third nor more than two-thirds of the classroom enrollment. Where severely handicapped students are enrolled, the maximum number of such students shall be six.

Programs are typically organized to provide a wide array of interdisciplinary and special education services to meet the needs of each individual child, including the non-handicapped children who are participants in the program. An integrated program should be organized to include group activities which capitalize upon the benefits of

combining handicapped and non-handicapped children. It should also allow for individualized instructional opportunities for each child based on his/her IEP. Since integrated classrooms may include a highly diverse group of children, the program must be flexible.

The teacher of the integrated classroom shall be a certified/approved teacher for early childhood handicapped.

A regular early childhood classroom is designed primarily for non-handicapped children. With some environmental and programmatic adaptations, and the assistance of special consultants, such programs constitute a setting into which some handicapped children may be placed. Regular programs may be particularly feasible placement alternatives for mildly handicapped children who may require minor environmental and programmatic adaptations to allow them to participate successfully in many of the regular preschool activities.

For approval as a placement for an identified handicapped child, or as a transition to regular education, the classroom shall be licensed by Health and Environment Department and be certified by Social and Rehabilitation Services Department and contain no more than eighteen children of which three may be handicapped, exclusive of voice fluency and articulation problems. Support services related to the child's handicapping condition shall be provided and a certified early childhood handicapped teacher shall act as a consulting teacher to the program.

Home-Based/Individual Model

In the Home-Based/Individual model a professional special education teacher supervises the program. Professionals, instructional paraprofessionals, and parents provide direct service. Teachers and support staff interact on a one-to-one basis with child and parent/caregiver.

The child's home or parent/child clinics may be the most appropriate setting for professional and nonprofessional staff to first involve parents in the educational process, particularly if the child is under three years of age. A home-based/individual program is a partnership between parents and professional staff which builds upon the parents' own understanding of their child's needs and upon the parents' capacity to be involved. Parents are given support and practical direction in dealing with their child. At the same time, the child is involved in planned activities with his/her primary teacher, support staff, and parents.

A full school year individual program shall consist of 215 hours of direct instruction. The program shall include a minimum of 54 hours of instruction by the professional staff and instructional paraprofessional. No fewer than 13 of the 54 hours shall be directly supervised or provided by the professional staff. Additional hours of individual instruction shall be provided to fulfill the required 215 hours by a combination of documented parent, caregiver, professional or paraprofessional implementation of the individual education program.

Combination Model

Services may be provided in any proportionate combination of the individual and the group models provided the minimum requirements of a full (100 percent) program is available to any child. For example:

A group program offering 75 percent of the required 540 hours of instruction should complement the program with the equivalent of 25 percent of an individual instruction

program. Combination programs are encouraged as offering a maximal opportunity to influence realization of the child's potential.

SUPPORT SERVICES

Support services as described in the SUPPORT SERVICES section of this Plan shall be provided in early education programs. Physical education as planned motor coordination activities is an integral part of the early education curriculum and may be provided by the early childhood teacher. Although vocational education for preschool children is not appropriate, self-help and social skills are the early childhood counterparts of work skills.

Support (related) services staff who participate in the comprehensive evaluation shall have or obtain competence in the evaluation of children, age birth to five, through preservice and/or inservice training.

CLASS SIZE AND CASE LOAD

The following tables show the minimum recommended staff for the various models and the additional staff necessary for inclusion of severely handicapped children and children under age two and one-half years. Programs not covered by these tables, having a greater caseload, or having one or more severely handicapped children in a program staffed for mild to moderately handicapped children may request a variance for that program. Requests are addressed to the Early Education Program, Special Education Administration Section, State Department of Education, Topeka, Kansas.

Number of Children	Approved Teacher EC or ECH*	Paraprofessionals	Additional Staff for Severe or Young Children**
	Special Classroom		
1-4 handicapped	1 ECH	-	1
5-6 handicapped	1 ECH	1	1
7-8 handicapped	1 ECH	1	2
	Integrated Classroom		
12(4 or 5 hndcpd)	1 ECH	1	1
12(6 to 8 hndcpd)	1 ECH	2	1
18(6 to 12 hndcpd)	2 ECH	2	***
	Regular Classroom		
18(3 handicapped)	1 EC and 1 ECH Consult.	1	1
	Home Based/Individual Instruction		
8 handicapped	1 ECH	-	Not Applicable
14 handicapped	1 ECH	1	
20 handicapped	1 ECH	2	
26 handicapped	1 ECH	3	

*EC, Early Childhood endorsement; ECH, Early Childhood Handicapped endorsement.
**Children who are severely handicapped or under age 2 1/2 years.
***This group size is not recommended for severely handicapped or very young children.

In no instance shall a caseload exceed the program's ability to implement the individualized education programs of the children enrolled.

PROGRAM STANDARDS

These standards shall serve the dual purpose of approving early childhood education programs for the handicapped and recognizing those private non-profit corporation or public or private institution programs which are equivalent to the accredited programs. Any agency which seeks to establish an approved program in this area shall meet the standards set forth herein. All programs shall meet the same requirements as school age programs in relation to screening, evaluation, due process, and confidentiality procedures. (See PROCEDURAL RESPONSIBILITIES section.) Each program application shall be reviewed by the Special Education Administration Section to determine approval.

PROGRAM APPROVAL APPLICATIONS

Applicants for approval for funding of early education programs shall submit a plan describing the program and procedures which assure that:

1. All applicable requirements of the Local Comprehensive Plan (see LOCAL COMPREHENSIVE PLANS section) are met.
2. Parental (Caregiver) involvement shall be an integral part of the program. The program shall assure parental opportunity to be a part of the educational team and shall be designed to provide assistance to parents as planners and participants in their child's program.
3. Each program shall provide (or arrange for) special interdisciplinary services for the handicapped child as needed to meet the special educational and training needs of the child and his/her family. A team approach to educational programs should be utilized so that members of the staff who provide special services for a given child may coordinate activities and maintain consistency across training procedures. All persons providing services to the child shall be members of the interdisciplinary team.

July 1979

INTERIM EARLY CHILDHOOD HANDICAPPED APPROVAL

FOR TEACHERS OF PRESCHOOL HANDICAPPED CHILDREN

AUTHORITY: 91-1-23(d) Certificate Regulations for School Personnel. In the absence of adopted standards, individual approval may be given to personnel working with exceptional children.

The following criteria are to be used for interim approval until official requirements are adopted by the State Board of Education. Approval under these interim requirements does not imply endorsement when official requirements are adopted.

First year individual interim approval shall require:

1. A current teaching certificate.
2. Practicum (120 hours) or one year teaching experience with preschool handicapped children or a combination of both.
3. At least one college credit course in each of the following:
   a. Child growth and development.
   b. Curriculum in early childhood, elementary education or special education.
   c. Tests and measurements, introduction to psycho-educational tests, psychology of exceptional children, or introduction to exceptional children.
4. Recommendation for interim approval from the training institution (based on 91-1-23(d)).

Renewal of Interim Approval

Until full approval requirements are adopted by the State Board of Education, interim approval may be renewed yearly upon verification of additional training as outlined below:

1. At least one college credit course (not less than 2 semester hours) must be completed prior to the renewal date.
2. Training should be taken to improve skills in a deficiency area. Consult with your training institution in selecting coursework. Courses in the following areas are recommended:
   - Preschool Handicapped Child
   - Behavior Management
   - Educational Assessment of Young Children
   - Curriculum/Methods in Early Childhood Education
   - Curriculum/Methods in Early Childhood Handicapped Education
   - Practicum with Preschool Handicapped Children
   - Language Development
   - Parent Involvement

91-1-99. Teacher of early childhood handicapped.

(a) An endorsement to teach young handicapped children, age birth to school age, with a variety of handicaps, including mild, moderate, severe, or profound levels of disability, and school-aged children to age eight (8), who are moderately to severely handicapped and who can be served best in a preschool setting as specified by an Individual Education Program, shall require that the applicant:

(1) Have completed a program in both general and professional education, as prescribed in K.A.R. 91-1-51 and 91-1-52;

(2) Have completed a program in either early childhood or elementary education, as prescribed in 91-1-31 or 91-1-32;

(3) Have completed a program of thirty (30) semester hours of credit, including a minimum of twenty (20) semester hours of upper division or graduate hours in addition to those applied toward the baccalaureate degree, which may have been taken concurrently with, or subsequent to, the degree. The thirty (30) hours shall include:

(A) The study of major handicapping conditions to include: characteristics, etiology, diagnosis, and intervention;

(B) The study of advanced child development;

(C) The study of research and principles of educating young handicapped children;

(D) Experiences in educational programming for young children and their families including:

(i) Methods, materials, and curriculum for non-handicapped children, birth to school age;

(ii) Methods, materials, and curriculum for handicapped children, birth to eight (8) years of age;

(iii) Normal and deviant communication development including speech and language; and

(iv) Assessment and evaluation of young children, handicapped and non-handicapped;

(E) The study of at least two (2) of the following three (3) areas leading to advanced competencies in:

(i) Skill development for handicapped children selected from language and communication, fine and gross motor, cognition, self-help and independence, and emotional-social competence;

(ii) Professional education selected from parent education and involvement, staff training and supervision, inter-disciplinary and interagency approaches to special education-early childhood services; or

(iii) Program development selected from education of young children with specific handicapping conditions, advanced curriculum development or instructional programming, adaptive physical education for young children, creative activities for handicapped and non-handicapped young children, health, safety, nutrition, behavior management or behavior analysis; and

(F) Six (6) semester hours of supervised teaching practicum consisting of a minimum of 360 clock hours of direct child/client contact. The 360 clock hours shall include not less than 180 clock hours in a handicapped preschool program and not less than 120 hours in a regular preschool program. Practicum training in handicapped programs shall include the following:

(i) Experience in a variety of educational settings including home-based programs and center based programs;

(ii) Experiences in programs serving children in at least two age levels chosen from birth to 2-1/2 years, 2-1/2 years to 5 years, or moderately to severely handicapped children ages 5 to 8 years; and

(iii) Experience with children and parents of children who have a variety of handicaps of varying levels of severity, ranging from mild to severe.

(b) Provisional endorsement. Upon recommendation of the teacher education institution, provisional endorsement may be granted to a person who meets the following requirements:

(1) Holds a valid Kansas teacher certificate issued by the state board in either early childhood or elementary education, as prescribed in K.A.R. 91-1-61 or 91-1-62;

(2) Has completed at least eight (8) hours of the required thirty (30) semester hours of credit which shall include educational programming for and a supervised practicum with young handicapped children. One year of documented paid experience teaching young handicapped children in a preschool setting may, for provisional endorsement only, be substituted for the supervised practicum;

(3) Provisional endorsement shall be valid for one (1) year from the date of its issuance, but may be renewed annually for a maximum of four (4) years if the applicant demonstrates continued progress toward meeting the requirements for full endorsement; or

(c) Full endorsement may also be issued to persons who have:

(1) A baccalaureate degree from an accredited college in secondary education or in a child-related clinical or treatment field including occupational therapy, child development, music therapy or speech pathology where training has focused upon teaching elementary or pre-elementary age children;

(2) Twenty (20) semester hours of credit, or competency equivalent, related to the field of education in child growth and development, curriculum or methods for young children, theory of measurement and assessment, understanding the school as a social institution, and a supervised practicum or field experience (at least 240 clock hours) in a group educational setting with children, or documented, paid work experience in a direct instructional or therapeutic role with children in a group educational setting for a minimum of one (1) school year, and these twenty (20) semester hours may have been earned in conjunction with completion of the baccalaureate degree required in subsection (c)(1) of this regulation; and

(3) Completion of the requirements provided in subsection (a)(3) of this regulation. *(Authorized by Article 6, Section 2(a) of the Kansas Constitution; effective (temporary) January 8, 1982; (permanent) May 1, 1982.)*

I.A.3.

Kansas State Department of Education

Kansas State Education Building

120 East 10th Street Topeka, Kansas 66612

August 14, 1981

MEMORANDUM

TO: Planners of Preschool Programs for the Handicapped

FROM: The Early Education Project
Special Education

This set of materials was prepared for the use of special education administrators, directors of developmental disability centers, teachers, parents, and community interagency teams to use in planning educational programs for preschool handicapped children.

A three ring binder will be delivered to you under separate cover for you to keep these materials and others relating to preschool handicapped programs. We will develop other materials from time to time to be added to your planning notebook.

We hope that having this notebook as a resource will help you in your planning for young handicapped children.

Lucile Paden

Lucile Paden
Early Education Handicapped Specialist

An Equal Employment/Educational Opportunity Agency

PLANNING HANDBOOK

a

MANUAL FOR LOCAL PLANNERS

for

PRESCHOOL CHILDREN WITH HANDICAPPED CONDITIONS

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Endorsement requirements for Teachers of Early Childhood Handicapped.

-Guidelines

Training utilization and supervision of paraprofessionals and aides. Early Childhood Programs.

-Program Approval and Reporting

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Sample set of Documentation of Parent Implementation of the I.E.P.

Active Local Preschool Interagency Teams in Kansas

FY81

(all provide interagency screening and referral)

Colby

11 County area served by project PEEP (Parent Education - Early Prevention). Home Based and pilot center based service. Northwest Kansas Educational Service Center and Developmental Services of Northwest Kansas, local day care.

Concordia

Learning Cooperative of North Central Kansas, (LEA) and Occupational Center of Central Kansas, Inc. share administration responsibility for center based services.

Dodge City

Southwest Kansas Area Cooperative District (LEA), Head Start, Arrowhead West, Inc. provide Integrated Center based and home based services. LEA and Head Start share classroom space.

Emporia

Community Health, Flint Hills Special Education Cooperative, Hetlingers Developmental Services. Screening and referral services are provided.

Garden City

High Plains Special Education Cooperative, Russell Development Center, Head Start, Center and home based services, integrated and special preschool models.

Hays

A formal screening and referral agreement exists among the members of the Interagency Team. They have sponsored regional inservice conferences. Service is provided in a developmental special preschool.

Hutchinson

Reno County Education Cooperative, Hutchison USD #308, Head Start, and Training and Evaluation Center, provide services to handicapped, birth to school age, home based and center based.

Iola

ANW Special Education Cooperative, TriValley Developmental Services, Parsons State Hospital and Training Center collaborate to provide center based services.

Lawrence

USD #497 Special Education, Douglas County ARC, University of Kansas, UAF, Language Project Preschool provides an array of services on continuum from self contained, integrated and mainstreamed classrooms.

Newton

Harvey County Special Education Cooperative, Northview Developmental Services have an agreement to provide a center based program.

Ottawa

USD #290, Head Start, Community Health, SRS cooperate in an individual instruction model which serves children in home, Head Start or Day Care settings.

Salina

The team includes Central Kansas Cooperative in Education, Occupation Center of Central Kansas and health care providers. They maintain a high risk registry, evaluation, referral and direct services.

Pittsburg

The team includes Southeast Kansas Special Education Cooperative, Head Start, Community Health and SRS. Children are served in Head Start, two early childhood handicapped classrooms and a hearing impaired classroom.

Topeka

Shawnee County Special Education Cooperative, Topeka ARC, Menninger Foundation, Cappers Foundation, Head Start, Community Health SRS and others cooperative to provide a Comprehensive Evaluation, Individual Instruction, Parent Education and Diagnostic Classroom.

KANSAS PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN AND FUNDING RESOURCES

PUBLIC SCHOOL SPONSORED PROGRAMS AND COOPERATING COMMUNITY RESOURCES	Funding Sources: FEDERAL						STATE			LOCAL		OTHER	
	VI-B Flow Through	VI-B Special Project	Preschool Incentive	P.L. 89-313	H.C.E.E.P.	Head Start	State Special Education	State Preschool Handicapped SRS	649 - Developmental Disabilities	Board of Education	County Mill Levy	United Way, CHAMPUS, Insurance, etc.	
Colby													
Northwest Kansas Education Service Center, Interlocal #602	X		X	X			X		X	X	X	X	
Developmental Services of Northwest Kansas													
Concordia													
Learning Center for North Central Kansas, USD #333	X	X		X			X	X	X	X	X	X	
Occupational Center of Central Kansas													
Dodge City													
Southwest Kansas Area Cooperative District, Interlocal #613	X		X	X		X	X	X		X	X	X	
Arrowhead West, Inc.													
Head Start													
El Dorado													
Butler County School Board Council Education Cooperative, Interlocal #606	X		X			X	X			X			
Head Start													
Emporia													
Emporia USD #253				X		X	X	X	X		X	X	
Head Start is available													
Hetlinger Developmental Center													
Garden City													
High Plains Education Cooperative, Interlocal #611	X	X		X		X	X	X	X	X	X	X	
Russell Child Developmental Center													
Head Start													
Grant County Day Care													
Haysville													
Haysville USD #261	X		X				X			X			
Hutchinson													
Reno County Education Cooperative, Interlocal #610	X		X	X		X	X		X	X	X	X	
Hutchinson USD #308													
Head Start (summer)													
Training and Evaluation Center, Developmental Special Preschool													

KANSAS PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN AND FUNDING RESOURCES

Funding Sources

PUBLIC SCHOOL SPONSORED PROGRAMS AND COOPERATING COMMUNITY RESOURCES	FEDERAL						STATE			LOCAL		OTHER	
	VI-B Flow Through	VI-B Special Project	Preschool Incentive	P.L. 89-313	H.C.E.E.P.	Head Start	State Special Education	State Preschool Handicapped SRS	649 - Developmental Disabilities	Board of Education	County Mill Levy	United Way, CHAMPUS, Insurance, etc.	
Iola /Chanute													
ARC Special Education Cooperative, Interlocal #603	X		X		X	X	X			X	X	X	
Head Start (summer)													
University of Kansas, Parsons UAF													
TriValley Developmental Center													
Lawrence													
Lawrence USD #497	X	X			X	X	X					X	
Head Start													
University of Kansas, HCEEP Language Preschool													
Douglas County ARC													
McPherson													
McPherson County Special Education Cooperative, USD #410			X	X			X		X	X	X	X	
Hope Preschool													
McPherson Diversified Service													
Newton													
Newton USD #373			X	X		X	X	X	X	X	X	X	
Head Start													
Northview Development Services													
Olathe													
Olathe USD #233	X	X				X	X						
Head Start													
Ottawa													
Ottawa USD #290	X	X				X	X						
Head Start													
Pittsburg													
Southeast Kansas Regional Special Education Cooperative USD #250	X		X			X	X						
Head Start													
Salina													
Central Kansas Cooperative in Education USD #305	X	X		X			X	X	X	X	X	X	
Occupational Center of Central Kansas													
Head Start													

KANSAS PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN

AND FUNDING RESOURCES

Funding Sources

PUBLIC SCHOOL SPONSORED PROGRAMS AND COOPERATING COMMUNITY RESOURCES	FEDERAL						STATE			LOCAL		OTHER	
	VI-B Flow Through	VI-B Special Project	Preschool Incentive	P.L. 89-313	H.C.E.E.P.	Head Start	State Special Education	State Preschool Handicapped SRS	649 - Developmental Disabilities	Board of Education	County Mill Levy	United Way, CHAMPUS, Insurance, etc.	
Shawnee Mission Shawnee Mission USD #512 Head Start	X	X				X	X					X	
St. Marys Kaw Valley USD #321	X						X			X			
Stanley Blue Valley USD #229 In Olathe Coop.	X						X			X			
Topeka Shawnee County Special Education Cooperative USD #501 Capitol City Schools (Special School) Capper Foundation, Inc. (Special School) Topeka Association for Retarded Citizens Preschool	X	X		X		X	X	X	X	X	X	X	
Wamego Kaw River Special Education Cooperative USD #230 Big Lakes Developmental Center	X		X				X	X	X	X	X	X	

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KANSAS PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN

AND FUNDING RESOURCES

SPECIAL PURPOSE SCHOOLS - SERVING HANDICAPPED PRESCHOOL CHILDREN	Funding Sources: FEDERAL						STATE			LOCAL		OTHER	
	VI-B Flow Through	VI-B Special Project	Preschool Incentive	P.L. 89-313	H.C.E.E.P.	Head Start	State Special Education	State Preschool Handicapped SRS	649 - Developmental Disabilities	Board of Education	County Mill Levy	United Way, CHAMPUS, Insurance, etc.	
Hays Early Child Development Center				X					X		X	X	
Wichita Institute of Logopedics				X								X	
Wichita Rainbows, Inc.								X				X	
Wichita Starkey Developmental Preschool								X				X	
Winfield Winfield State Hospital (State Institution) residential				X			X						
DEVELOPMENTAL SPECIAL PRESCHOOLS													
Leavenworth Leavenworth Developmental Day Care Center				X					X		X	X	
Marysville Twin Valley Developmental Services				X				X	X		X	X	

Spring Semester 1981

ANNOUNCEMENT OF COURSE AND STIPENDS FOR

PRESCHOOL HANDICAPPED CHILD: ASSESSMENT

Five universities will be offering comparable courses during the spring semester in Preschool Assessment. These courses have been especially designed to meet the needs of teachers, school psychologists, and other personnel who are on the comprehensive evaluation team for identifying, planning and programming for preschool children with special needs in education. The course will be taught in five state universities at times and places designed to be accessible to the employed professional with minimal inconvenience.

You may wish to inquire about enrolling in the university nearest to your present employment with the option of transferring the credit to your parent university.

For enrollment information, contact the university you plan to attend.

University of Kansas - Course No. 598 - Monday 4:15 - 7:20 - Regents Center 9900 Mission Road, Overland Park, Kansas 66206 Phone 913-864-4954

Wichita State University - Course No. 1SSP7528 - 9:00 a.m. - 3:00 p.m. on alternate Saturdays, January 17 thru April 25 at Corbin Education Building, Room 156A Phone 316-689-3691

Kansas State University - Thursday evenings 7:00 - 9:30 - at Justin Hall on K-State campus. Phone 913-532-5510 or 913-532-5525

Ft. Hays State University - Course No. Education 749 - Tuition $30 per credit hour - $90 per 3 hrs - February 7, 1981 with a variable schedule with organization in Rarick Hall at the University at 9:00 a.m. February 7, 1981. Phone 913-628-4212

Emporia State University - Course No. TY703 - Tuition: regular tuition plus $15 for materials. Phone 913-343-1200

Dates:	March		April	
	6	evening	3	evening
	7	all day	4	all day
	12	evening	9	evening
	26	evening	16	evening
			24	evening
			25	all day

Stipends in the amount of $90.00 from the Title VI-D Professional Development Grant are available for 30 preschool teachers not employed (paid) by the State of Kansas. Priority will be based on applicants who:

- are teaching or who document that they will be employed as teachers of preschool handicapped children, and
- with these additional hours, will be eligible to receive or to maintain approval under the Interim Requirements for ECH, and
- whose (continued) employment requires such approval,
- must travel 30 miles or more to class meeting site.

To apply for the stipend, submit the following:

- completed application form,
- evidence of employment (letter from employer addressed to Gerald Carder, Kansas State Department of Education).
- transcript (if incomplete, provide evidence of recent courses completed but not yet recorded),
- letter from the applicant explaining why the applicant needs to take this course,
- address from which you will travel to class, location of the class and number of miles, one-way, to be traveled.

The application and supporting material for a stipend must be received by December 29, 1980. Applications will be dated upon receipt by the Special Education Administration office. Because of the possibility of more viable applications than available money, the earliest applications will receive the highest priority.

Notification of eligibility for stipends will be made by January 9, 1981.

STIPENDS WILL BE PAID TO THOSE SELECTED AS ELIGIBLE UPON SUBMISSION OF EVIDENCE OF SUCCESSFUL COMPLETION OF THE COURSE.

This joint venture is co-sponsored by the above universities, The Kansas State Department of Education, Early Education of the Handicapped Project, Title VI, Part C, EHA, P.L. 91-230, and Title VI, Part D, EHA.

Funds for stipends are provided under Title VI, Part D of P.L. 91-230 (as amended).

12-11-80
vs

1980 - 1981

PARAPROFESSIONAL

WORKSHOP REGIONS

1. KANSAS CITY AREA

Kansas City
*Leavenworth
*Olathe
*Shawnee Mission
*Atchison
Paola
Troy

2. TOPEKA AREA

Atchison-Jefferson(Oskaloosa)
*Emporia
Hiawatha
Junction City
*Lawrence
*Ottawa
*St. Marys
*Wamego
New Strawn
Clay Center
Eudora
Holton
Manhattan
Concordia
Seneca
*Marysville
Eskridge

3. TOPEKA (Shawnee County)

*Topeka
Seaman--Topeka
Washburn--Topeka
Shawnee Heights--Tecumseh
KNI
*Capper Foundation
*Capitol City School

4. DODGE CITY

*Dodge City
Larned
Pratt
*Garden City
Coldwater
*Russell Developmental Center
*Arrowhead West.

5. WICHITA AREA

*El Dorado
Eureka
*Hutchinson
*McPherson
Mulvane
Winfield
Valley Center
Derby
Newton
Wellington
*Winfield State Hospital
*Haysville

6. WICHITA

Wichita
*Rainbows United, Inc.
*Institute of Logopedics
Holy Family Center
*Starkey

7. GREAT BEND

*Colby
*Hays
Lyons
Phillipsburg
*Salina
Beloit
Great Bend
Russell

8. PARSONS

Fort Scott
*Iola
Independence
Howard
*Pittsburg
Parsons

*DATE FOR STATEWIDE PARAPROFESSIONAL WORKSHOP:

MARCH 26 & 27, 1981, in TOPEKA, KANSAS

(over)

	REGION	DATE OF WORKSHOP	LOCATION
1.	Kansas City	October 18, 1980	Kansas City
2.	Topeka Area	Tentatively: 1st week of December	Topeka
3.	Topeka (Shawnee County)	" " "	Topeka
4.	Dodge City	November 18, 1980	Dodge City
5.	Wichita Area	October 30, 1980	El Dorado
6.	Wichita	January 9, 1981	Wichita
7.	Great Bend	November 19, 1980	Great Bend
8.	Parsons	January 8, 1981	Parsons

From Guidelines for the Training, Utilization, and Supervision of Paraprofessionals and Aides

EARLY CHILDHOOD PROGRAMS

The purpose of early education for the handicapped is to reduce or prevent the adverse effects of the handicapping condition on the child's ability to learn. The goal is to bring such children to as near age level performance as possible in a context in which the child enjoys learning, widens interests through curiosity, exploration and experimentation under the skillful guidance of thoughtful adults. Parents, paraprofessionals, teachers, therapists, psychologists, and social workers all may have a role in the education of a young handicapped child.

DEFINITION

Early childhood education for a young handicapped child is an organized program of purposeful, sequential activities which are appropriate for the individual child and prescribed in the child's individual education program. Early childhood programs differ from programs for school age children in that a higher proportion of programs are interrelated (more than one category) than are found among school age students.

The early childhood paraprofessional performs his/her duties under the supervision of one or more professionals. The duties may be performed in the presence of the professional or partially under indirect supervision.

The instructional and recording duties are very similar to those of the professional with the exception that authority for program planning and change rest solely with the professional. An early childhood paraprofessional may implement any of the activities assigned to him/her by the professional with or without the professional's direct supervision but may not decide to change or terminate an activity without consulting with the supervising professional.

DUTIES AND RESPONSIBILITIES (Group Program)

Duties and responsibilities of the paraprofessional in early childhood group programs include the following:

1. Helping the teacher carry out the education program for individual children and for the group by arranging situations which reinforce the student's capacity to:

   - Learn concepts and generalizations.
   - Learn to get along with others.
   - Function as a group member.
   - Develop self-confidence.
   - Perceive cues to new kinds of behavior and to respond appropriately.
   - Utilize language to assist problem solving, to communicate and to maintain social contact.
   - Develop self-help skills.
   - Practice good health and nutrition routines.

2. Helping the child recognize and satisfy his physical developmental needs, including --

   - Large muscle development (outdoor running, jumping, climbing).
   - Fine motor coordination (manipulating with hands).
   - Eye-hand coordination (puzzles, weaving, sewing cards, catching balls).
   - Mastery of specific activities as outlined by speech, physical and occupational therapists.

3. Helping the child develop, maintain, and improve a positive self-concept by arranging situations in which the child may experience success and receive approval or other reinforcement.
4. Helping the child select and use appropriate supplies, toys, equipment, and books during free-play periods. For free-play, children should be permitted to engage in activities that require only well learned skills.
5. Helping the child link experience with language through activities such as:

   - Naming objects.
   - Giving the child words for what he does.
   - Pointing out relationships between and among objects/persons as well as attributes of sound, sight, touch, taste, smell and motion.
   - Reading and singing to the child.
   - Talking to the child in terms only slightly more complex than the child uses.
   - Encouraging the child to use language to make requests, to community ideas and for purely social reasons. (Hello and good bye, for example).

6. Assembling, preparing and returning to storage, when finished curriculum resource materials such as:

   - Concept games.
   - Illustrated stories.
   - Science explorations.
   - Dramatic (role) play.
   - Art and music expression.
   - Outdoor playground.

7. Assisting the teacher by supervising group and interest area activities such as:

   - Story and music time.
   - Creative art activities.
   - Blocks.
   - Role play: Dress up, housekeeping, doctor.
   - Science.
   - Outdoor playground.
   - Sandbox.
   - Manipulative Area.
   - Walks.
   - Snack and mealtime.
   - Share and tell.
   - Clean up time.

8. Assisting members of a professional team working with a child in assessing and recording daily behavior and development. The paraprofessional should report any unusual behavior immediately.

9. Assisting in the planning and implementation of the program and also of activities for parents:

   - Home visits.
   - Program participation.
   - Parent meetings.
   - Parenting education.
   - Newsletter (if any).

DUTIES AND RESPONSIBILITIES (Individual Programs)

Duties and responsibilities of paraprofessionals serving in individual preschool programs include the following:

1. Assuming responsibility for home visits unaccompanied by a professional.
2. Consulting with professionals on the implementation of the IEP.
3. Noting indications for change and other issues before and after home visits.

TRAINING COMPETENCIES

The special education paraprofessional for early childhood education should have training in the following areas in addition to training suggested for paraprofessionals in general:

1. Knowledge of typical skills of normal children of the developmental age of those in their care.
2. Techniques to adapt for the handicapping conditions of the individual children in their care.
3. Behavior management techniques and ability to record behavior changes.
4. Knowledge of preacademic learning activities appropriate for children of the developmental age of those in their care.

For paraprofessionals in individual programs these addtional competencies are required:

1. Techniques for assisting parents to be partners in teaching their child.
2. Techniques for communicating daily activities for the parent to carry out with their child to implement the child's individual education program.
3. Techniques for documenting parental instructional activities.
4. Skills in reporting to the supervising professional and implementing the requirements of the individual education program as interpreted by the supervising professional.

I. PLANNING GUIDELINES FOR EARLY EDUCATION OF THE HANDICAPPED

The following procedures are steps that a local education agency or other planning agency should follow:

A. Assemble an Interagency Advisory Team. A local interagency advisory team is required should you request Title VI-B incentive funds, or PL 89.313, Title I.

The optimum goal is to secure representatives of the local community who are interested in or who are already providing various types of services to preschool handicapped. For example:

1. Parents or Representatives or Parert Advocacy Organizations.
2. Directors and Teachers from Preschools, Developmental Disability Centers, Head Start, and other private or public centers for preschool children.
3. Representatives from SRS offices serving the area.
4. Representatives from Public Health Departments.
5. Regular and Special Education Administrators and Teachers.
6. Physicians.
7. Other persons from the local community.

B. Complete a Needs Assessment of the Community Preschool Programs for the Handicapped. Needs Assessment materials are available upon request from the Special Education Administration, D.S.D.E.

1. The Needs Assessment should provide an estimate of the number of handicapped preschool children to be served and give a description of services available to preschool handicapped children. An examination of the Needs Assessment should indicate where gaps and problem areas in program services lie. In turn, this should assist the community in the development of a plan for coordinated full service delivery for preschool handicapped children.

C. Develop a Local Plan for Early Childhood Education of the Handicapped.

The Local Plan shall:

1. Follow the outline for Local Comprehensive Plans in the State Plan for Special Education.

KANSAS EARLY EDUCATION FOR THE HANDICAPPED

2. Describe the local conditions as shown in the Needs Assessment in B. (After the first year the year end reports will fulfill this requirement.)

3. Describe the proposed education program. Include the following:

   a. The geographical area to be served.

   b. The priority of categories of handicap to be served.

   c. The priority of ages to be served.

   d. The program model(s) to be provided.

   e. The number of children to be served, class groupings and child/staff ratios.

   f. Physical facilities to be used (list all locations).

   g. Staff needed and certification requirements.

   h. Support services available and how each will be provided.

   i. Any contractual agreements with other agencies regarding provision of service, staff and facility arrangements and funding resources.

   j. A list of the Interagency Team members, agencies represented and the role of this team in the planning process, screening, referral, child evaluation, provision of service, program evaluation and follow up.

D. Submit the Local Plan for Early Education of the Handicapped to the Special Education Administration for review as follows:

   1. For Preschool Incentive Grants or Title VI-B Special Projects by March 15.

   2. For PL 89-313 funds by August 15.

   3. For annual review after initial approval or for programs not requesting special funding by August 15 as a part of the Local Comprehensive Plan. Only those items which are unique to the preschool programs need to be addressed.

P.O. Box 18701

KASE

Wichita, Kansas 67218

KANSAS ADVOCATES FOR SPECIAL EDUCATION

EARLY INTERVENTION PROGRAMS FOR PRESCHOOL HANDICAPPED CHILDREN

FACT: There are an estimated 5,000 preschool handicapped children in Kansas

FACT: Early intervention programs can significantly accelerate the progress made by handicapped children

PROBLEM: Despite awareness of the efficacy of early intervention, and despite encouragement from federal and state funding, Kansas schools are not yet required to make a free, appropriate public education available to every handicapped child below age 5. Approximately 3,500 preschool handicapped children in Kansas are not receiving educational services which would enable them to progress to the maximum of their capacities.

RATIONALE

-Research has shown that early intervention can modify, reduce, or in some cases eliminate the effects of handicaps on the development of children.

-Studies in Kansas have shown that children receiving preschool services require less intensive special education services in school age programs.

-Preschool programs are cost effective, reducing future need for special education services and later institutionalization, as well as providing a good foundation from which the handicapped child can develop marketable job skills.

-Early intervention programs can help prevent related social problems such as child abuse, juvenile delinquency, and disintegration of the family unit.

CURRENT LAWS AND REGULATIONS

-P.L. 94-142 requires that all handicapped children (birth to 21) be identified and that all handicapped children between ages 3 and 21 receive a free appropriate public education.

-Kansas has been granted an exemption to the preschool requirement of P.L. 94-142. Kansas maintains a permissive law which allows school districts to offer preschool services to the handicapped, but forbids the use of state equalization money.

-Kansas law does now permit the use of state special education categorical aide as well as federal and local funds for preschool handicapped services.

-Presently, approximately 20 states have mandated preschool programs for the handicapped.

STATUS OF EXISTING SERVICES

-In FY 80, 28 school districts/cooperatives provided preschool services to approximately 500 children. Not all exceptionalities are being served in some of these districts.

CONFERENCE

EARLY CHILDHOOD SPECIAL EDUCATION IN KANSAS

Y.W.C.A.--225 WEST 12TH, TOPEKA, KANSAS

* * * * * * * * JANUARY 29, 1981 - 9:00 AM * * * * * * * * *

8:30-9:00	Registration and Coffee	
9:00	Conference Introduction	Merle Bolton, Commissioner of Education
9:15	Current Position Statements on Early Childhood Education	
	-The Interagency Coordinating Committee on Pre-School Handicapped Children	Forrest Swall, Kansas Advocates for Special Education
	-Kansas Association of Special Education Administrators	Gerald Franklin, President-Elect K.A.S.E.A.
	-State Advisory Council for Special Education	John Frye Advisory Council Member
	-Kansas Association for Blind and Visually Impaired	Bernice Brown Association Member
9:45	Perspectives on Financing Pre-School Programs	Chair: Sandy Duncan Representative, Wichita
	-Department of Education: Realities and Constraints	Dale Dennis, Assistant Commissioner of Education
	-Legislature: Realities and Constraints	Senator Paul Hess, Wichita Chairperson: Ways and Means Committee
		Representative James Louther Emporia. Chairperson: House Education Committee
10:35	Coffee/Refreshment Break	
10:45	Parents' Perspectives: The Struggle to Secure and/or Purchase Services	Chair: Marla Mack Wichita
11:30	Lunch (with brief break while tables are being set up)	
12:15	Luncheon Session	Chair: Ray Fenley Hutchinson
	Early Childhood Special Education in Iowa	Introduction of Speaker by Merle Bolton, Commissioner of Education
		Speaker: Robert Benton Superintendent of Public Instruction, State of Iowa
1:30	Cost Benefits of Early Childhood Special Education	Neil Salkind, School of Education University of Kansas
2:15	Current Methods of Achieving Early Childhood Special Education in Kansas	
	-Interagency Agreements	Maurice Cummings, President T.E.C.H., Hutchinson
	-Contracted Services	Terry Bachus, Director McPherson County Sp. Ed. Cooperative
	-Local Advisory Committee Action	David Hederstedt, Attorney, Local Advisory Council Member Hutchinson
2:45	Ways of Working with Local Board Members and Legislators	Session Leaders: Forrest Swall and Sandy Duncan
3:30	Adjournment	

5:30-6:30 Legislative reception sponsored by the Topeka Parent Advisory Committee. Parents present at the workshop are invited to attend for a $2.00 contribution. The reception will be held at the Kansas Avenue Deli.

Call Gloria Olson at 913/234-4638 or Judy Berry-Heath at 913/272-4900 for reservations.

Kansas Association for the Blind and Visually Impaired, Inc.

EDUCATION COMMITTEE REPORT, OCTOBER, 1980 -- OCTOBER, 1981

Education Committee Members had no peace, this year. We had to fight to save the Federal Program under P. L. 94-142, the Education of All Handicapped Children Act. In the proposed Federal Budget, circulated early, this year, appropriations for Education of Handicapped were cut, and placed in a block grant with thirty other educational programs. This would leave Kansas better off than many other states as we had our State Mandate, and a Program, similar to the Federal. (We had ours first.) Yet, the Federal move seemed infectious. At least, a few of our own State Legislators caught it. So, State Legislators, as well as Congressmen, had to be included in our deluge of telegrams and letters.

REACTION. At my first sounding of the alarm, in March, every Education Committee Member, teacher and parent who could be reached, responded immediately. Many other organizations did likewise, State and National. Among the many national organizations, working, including American Council of the Blind, of course, was the Council of Chief State School Officers, of which our Kansas Commissioner, Dr. Merl E. Bolton, is a member. On his return from Washington, Dr. Bolton explained that the Council recommended that the Education of the Handicapped be outside the Block Grant. This recommendation speaks for itself of the need of Special Education for Handicapped and its success, and of the concern of the Chief State School Officers.

SITUATION.

1. RESULT: P. L. 94-142, with its excellent Program Guidelines continues. Appropriations are not drastically cut, and certain items, especially those for Preschool are increased.

2. PRESCHOOL: The Interim Legislative Education Committee is studying requests for a State Mandate for Preschool Handicapped.

3. SPECIAL EDUCATION EXPENSE: The Interim Committee is studying possible ways to economize in present Special Education Services.

   Note. a. In the August meeting, parents strongly defended the State Mandate.

4. PRESCHOOL HEARING: The October Interim Legislative Hearing is to be devoted to Preschool Needs.

5. SLIDES OF INFANT INSTRUCTION: At the October meeting, Mrs. Angela Pratt, of Wichita, is to present slides of her work with Preschool Blind. Pictures were made of instruction of Infants and their Parents in their homes. The showing will follow these children through the several stages and on into the classroom with sighted peers.

Post Office Box 292 / Topeka, Kansas 66601

EDUCATION COMMITTEE REPORT, OCTOBER, 1980 -- OCTOBER, 1981

6. PRESCHOOL PROGRAM PLAN: The Interagency Committee on Preschool Handicapped, of which I am a member, is planning a Comprehensive Preschool Program for All Handicapped. This is to be submitted to involved State Officers.
Note. b. Age Eligibility: Birth to Five Years.

7. CONSTRUCTIVE PUBLICITY: Publicity in organizing programs will emphasize potential skills, as well as problems.

8. COST EFFECTIVENESS. At the first session of the Interim Legislative Education Committee, the State Department of Education, presented facts and figures which proved Cost Effectiveness of Infant and Early Childhood Education.

9. K. A. B. EDUCATION BOOKLETS. Again, this year, I was asked to speak to a training session of Paraprofessionals. Special Education Staff made more copies of the K. A. B. Education Booklets for distribution during the session.

10. STUDY OF KANSAS VISUALLY IMPAIRED CHILDREN. A Comprehensive Study of Visually Impaired Children in the various attendance centers was made. Representatives of Local and State Schools worked with the State Vision Consultant in designing the study. The scope was broad, and the participation and progress of individual students, definite. A clear picture should emerge. Report will be released in the near future.

11. CERTIFICATION CHANGES. In rewriting Certification Requirements, serious omissions occurred in those for Vision Teachers. Undoubtedly, the intention was that the omitted subjects be included, the phraseology was vague. At the Teacher Certification Hearing of the State Board of Education, I requested inclusion of the following:
Orientation and Mobility,
and Braille and Other Systems of Written Communication for Visually Impaired. These were added and approved by the Board.

12. NEED FOR CLOSER COMMUNICATION. Omission of Vision Teacher Certification Requirements, described in No. 11, pointed up the need for greater communication between Special Education and other staff of the State Department of Education. Dr. Bolton and the other commissioners are aware of this need.

WORK OF EDUCATION COMMITTEE CHAIRPERSON. In addition to regular meetings of the Advisory Council and the Interagency Preschool Committee travel, I have made eight out-of-town trips. These were not at K. A. B. expense, by the way. Four were reimbursed from State or Federal Funds. Expense of three Legislative Hearings and one Board Hearing, and attendance of the Kansas Action for Children Convention, I was happy to be able to meet, myself.

Conferences were held with State Education Officers and Staff, and with nearby Local School Authorities.

On the Board's request, K. A. B. was made an Organization Member of the National Association for Parents of Visually Impaired: 2011 Hardy Circle, Austin, Texas 78757. As I sent a list of Kansans for them to contact, more than dues was included in the check: my personal contribution. Parent involvement is essential to V. I. Programs.

Respectfully submitted, Esther V. Taylor, Chairperson,
7850 Freeman Avenue Kansas City, Kansas 66112. Phone: 913-334-0 484

EARLY EDUCATION FOR THE HANDICAPPED

PREPARED FOR THE 1981 LEGISLATIVE INTERIM STUDY ON SPECIAL EDUCATION

Introduction

The purpose of early childhood education programs for the handicapped is to prevent or minimize the effects of handicapping conditions on the ability of young children to learn. The cummulative effects of the handicap or the effects of appropriate stimulation appear to be most powerful in the early years of childhood when the most rapid growth and development takes place.

An estimate of Kansas preschool age children needing services was placed at 5,000 in 1980. (See Projected Costs paper, attached). Birth rates in Kansas, however, have been rising in recent years and the trend appears to be continuing. Projections will need to be adjusted accordingly.

Public school programs for young handicapped children are permissive under Kansas statutes but with no general state aid generated by the preschool age child. Currently 33 districts or cooperatives are providing some preschool services. Community preschools with programs which meet education standards and Head Start programs also serve preschool age handicapped children. The total number of preschool age handicapped now being served is 1,284 with 529 of those in public school programs. (For further information see attached ECH 1981 Year End Report to the State Board of Education).

Efficacy Studies

Early educational intervention with handicapped children is proving to be effective in terms of child growth or child change and cost effective in terms of the reduced costs for later special education and other social costs. Summaries of major research studies illustrating child growth, consumer satisfaction and cost effectiveness follow. These summaries are abbreviated, but these and other completed studies may be obtained from the Department of Education Special Education Administration section.

LONGITUDINAL FOLLOWUP

**** -U.S. Office of Education, Bureau of Education for the Handicapped, Washington, D.C., ABSTRACT: The Effectiveness of Early Education for Handicapped Children, Hayden, Alice H., Dr., Principal Investigator.

The findings of this study were obtained by locating 116 children who had previously completed the program of the Model Preschool Center for Handicapped Children at the University of Washington. At preschool age, these children had been diagnosed as having handicapping conditions such as mental retardation, communication delays and behavior disorders. At the time of the study, the subjects were in grades K through 8 in a public school or other post-preschool setting.

Data consisted of documentation of each subject's current demographic status and past and present ability and achievement.

Three criteria were used to determine whether benefits of the preschool experience were maintained: (1) class placement (regular versus special education), (2) gain scores (cognitive and receptive language), and (3) achievement performance in relation to a contrast group of subjects with no preschool background. The results were:

1. Thirty-four percent of the "graduates" were in regular education classrooms.

2. An additional 22 percent of the "graduates", although placed in special education with diagnosis of special disabilities were functioning as well cognitively as the upper 75 percent of the graduates in regular education.

3. Those graduates in regular education were not repeating grades but were keeping pace with their regular education peers.

4. Cognitive growth gains achieved during preschool were maintained in the post-preschool setting. Since gains made in preschool were maintained in the post-preschool setting, the gains were of great importance.

5. Pretest scores were significantly higher in all achievement areas when compared with those of a contrast group, and most, though not all, posttest scores were significantly higher.

**** -Fredricks, Bud, The Long Range Effect of Early Childhood Education on a Developmentally Disabled Population. Views, An Early Childhood Special Education Newsletter, Billings, Montana, Spring 1981, Vol. 1, No. 3.

Preschool and school age children in Oregon who are in trainable mentally retarded programs are tested yearly on a state adopted test (Student Progress Record). Test results include both children with and without preschool experience.

A total of 1,276 children enrolled in TMR classrooms in the state of Oregon were administered the SPR. Of these 1,276, a total of 151 children between 90 and 145 months of age had been administered the SPR over three consecutive springs and thus became the subjects for the post hoc analysis of skill acquisition over that three year period.

Taken collectively, the results for the five curricular areas (social, language, academic, self-help, and motor) support the contention that a preschool experience does influence skill development, and that the results of that preschool experience are maintained over time. Those children who had been enrolled in a preschool program for two years performed significantly better than children not enrolled in preschool in the academic areas of language, academics, self-help, and motor. Although not significant, the same trend was noted in the social curricular area. The same types of differences were not demonstrated between those who attended preschool for one year and those who did not attend preschool.

These data results may, in fact, be conservative. A survey of school districts revealed that of 131 TMR children who had moved to less intensive special education classes or regular classes, all but 11 had had at least one year of preschool experience. If these children had been tested the differences in skill levels might have been even more pronounced.

**** -Karnes, Merle B., Shwedel, Allan M., and Lewis, George F., "Impact of Early Programming for the Handicapped: a Follow-up Study in the Elementary School." Paper presented at the meeting of the Directors of Handicapped Children Early Education Projects, Washington, D.C., December 1980.

1. In general the children who participated in the preschool programd made a successful transition to elementary school. Of 86 handicapped children 65% are making normal progress within regular education classrooms. Twenty percent are in special education and 15% have been retained in grade.

2. Reading tests show those in the regular classroom are functioning adequately.

3. Ninety-three percent of the handicapped children's parents felt their child would not have done as well in kindergarten if he/she had not participated in the preschool program.

**** -Lazar, Irving and Darlington, Richard, Summary Report. Lasting Effects After Preschool, a report by the central staff of the Consortium for Longitudinal Studies. Final Report, HEW Grand 90C-1311 to the Education Commission of the States. September 1979.

The Consortium for Longitudinal Studies has collaborated in searching for long-term effects of early intervention programs. The data analyzed thus far and reported here show that early education programs for low-income children apparently had lasting effects in the following areas.

1. Assignment to special education. Early education programs significantly reduced the number of children assigned to special education classes. This result was true after controlling for the effects of the children's initial IQ score, sex, ethnic background, and family background. It held even after controlling for the children's IQ score at age six. Furthermore, the benefit apparently extended to all the participants, regardless of their initial abilities or early home backgrounds.

2. Retention in grade (grade failure). Early education programs significantly reduced the number of children retained in grade.

3. At the 4th grade level the evidence indicates that early education significantly increased children's scores on fourth grade mathematics achievement tests with a suggestive trend toward increased scores on fourth grade reading tests.

4. Attitudes and values. Children who attended preschool were more likely than control children to give achievement-related reasons for being proud of themselves.

**** -Weikart, David P. and Schweinhart, L.J., Preschool Education for Disadvantaged Kids Still Pays Off at Age 15. Special Report in Behavior Today, January 5, 1981.

The strongest evidence to date that preschool education for disadvantaged children offers long-term benefits was announced in mid-December by High/Scope Educational Research Foundtion. The later benefits include higher academic performance; lower delinquency rates; better earnings prospects, and for society, cost-effectiveness of education. High Scope's Perry Preschool in Ypsilanti, Michigan is now in its eighteenth year and offers the most authoritative research on the lifetime impact of preschool education available in the U.S. today. Although this study was not limited to handicapped children a number of the major findings relate to special education.

On 48 measures of school and life success, the study shows that by age 15, the latest age for which complete evidence is available, children who had attended a quality preschool on the average significantly out-performed children who had not. Major findings are that:

1. Children who had attended preschool scored higher on reading, arithmatic, and language achievement tests at all grade levels than children who had not. By age 15, children who had attended preschool tested eight percent higher, or the equivalent of more than one full grade better than the children who had not attended preschool.

2. By the end of high school, only 19 percent of the children who had attended preschool had been placed in special education classes, as against 39 percent of those who had not. This constitutes a 50 percent reduction in the need for such services.

3. Children who attended preschool showed less tendency to display antisocial or delinquent behavior in or outside of school. Thirty-six percent of the 15 year olds who had attended preschool were chronic offenders, as against 52 percent of those who had not.

4. Children who has attended preschool were more likely to hold jobs after school, a hopeful sign that the effects of preschool will extend to employment and some other kinds of success beyond the classroom.

5. The long-term benefits of preschool outweigh the costs. The study demonstrates that a public school which invests approximately $3,000 for one year of preschool per child begins to recoup its investment immediately, in savings on special education and other special services. Preschool is substantially paid for with interest, by the end of a child's school career. This return on investment does not include savings to society in lower delinquency rates.

6. Although the data are incomplete, early indications are that children who had attended preschool, now aged 19 to 22, will show a higher high school completion rate, a greater liklihood of attending college, less tendency to use welfare, higher employment, and lower arrest rates than those who had not.

Project directors David P. Welkart and Lawrence J. Schweinhart feel "that preschool not only prevents problems that, if unattended, cost society much more later on, but it increases the effectiveness and efficiency of the investment we are already making in schooling."

**** -Weiss, Rita S., "Efficacy of INREAL Intervention for Preschool and Kindergarten Language Handicapped and Bilingual (Spanish) Children". Paper presented at Handicapped Children's Early Education Project Director's meeting. Washington, D.C., December 1980.

INREAL (INclass REActive Language) was an HCEEP funded demonstration model project in Boulder, Colorado from 1974 to 1977. The major goal of the project was to improve the language and related learning skills of 3-5 year old language handicapped and bilingual (Spanish) children. Two objectives were set for the project:

-To increase children's language development significantly.

-To prevent later language-related learning problems in mild-to-moderate language handicapped children.

The results with matched experimental and control groups showed highly significant language improvement in the experimental groups.

After three years, the experimental groups showed substantially reduced need for follow-up remedial services and special education and fewer retentions in grade.

These data related to reduced need for special education services were translated into cost effectiveness based on the Colorado Department of Education "Cost for Special Education Services". Costs for the three year period of the study show an average per pupil saving of $1,108.76 after the cost of the INREAL program was deducted.

**** -Skeels, H.M., Adult Status of Children with Contrasting Early Life Experiences: A Follow-up study. Monographs of the Society for Research in Child Development, 1966, 31, (39 Serial No. 105).

In 1938-39 Skeels and Dye subjected one group of retarded orphans to early environmental stimulation, and compared them to another group who received no preschool assistance. Skeels (1966), in a follow-up study of the two groups of children after they had

reached adulthood, found some rather dramatic differences in occupational and earning levels: "the thirteen subjects in the experimental group were all self-supporting and none were wards of any institution--public or private....The occupational status of the eleven members of the contrast group was significantly different" (p.32). Four from the contrast group were inmates in an institution, three were dishwashers, one was a drifter who had held various jobs, one worked part-time in a cafeteria, one was employed by an institution as a gardener's helper, and one was a clear occupational success.

Skeels also reported "striking differences in income between the experimental and contrast groups. The two unmarried women and one unskilled spouse in the experimental group who earned wages of $2,200 or less, the lowest in the group, still earned more than the lowest seven earners in the contrast group. Only one person in the contrast...earned more than the median of the experimental group"(p.38).

Skeels also compared the two groups in terms of costs expended for institutional and rehabilitative care. "Up to the time of this follow-up study, the thirteen children in the experimental group had spent a total of seventy-two years and five months in institutional residence, at a total cost of $30,716.01, whereas the twelve children in the contrast group had spent a total of 273 years in residence, at a total cost of $138,571.68" (1966, p. 43). Estimates of the amount of federal income taxes paid by the two groups for 1963 reveal that the experimental group, combined income was $62,498 and taxes were approximately $5,485. The contrast group's combined income was $19,826--with taxes approximately $2,238.

**** -Ellis, Norman E., and Cross, Lee, editors. Planning Programs for Early Education of the Handicapped. First Chance Series, Walker & Company, New York 1977.

Appendix B of this publication entitled, A Review of the Literature for Developers of State Plans contains numerous citations from the literature which speak to the efficacy of early educational intervention.

KANSAS FOLLOW-UP DATA

FY 1980

To determine the longitudinal effects of preschool intervention programs in Kansas, several schools compiled follow-up information.

-Shawnee Mission U.S.D. #512 reported the following data:

Of thirty-six (36) children who were in Shawnee Mission Early Intervention Programs, four (4) went into regular classes with

support, and the remaining twenty-two (22), who were all moderately to severely handicapped, continued in special education. Of those twenty-two (22), ten (10) were increasing their mainstream time by the second year of follow-up.

-The Southeast Kansas Special Education Cooperative reported on eleven (11) children who were of kindergarten age following one (1) year of special intervention. Five (5) went into regular kindergarten, two (2) went into regular kindergarten with support services and four (4) were retained in special education.

-The Reno County Interagency Preschool Programs had data for two (2) years. Sixteen (16) children entered kindergarten after the first year. Six (6) went into regular kindergarten, six (6) more went to the regular class with support services, and four (4) continued to require a special classroom. The second year followed a similar pattern with four (4) in regular kindergarten, seven (7) in regular kindergarten with support, and four (4) requiring special education.

These data indicate that Kansas programs are sending twenty-four percent (24%) of the children from early intervention programs to regular classes and another thirty percent (30%) go to regular classes with only support services.

FY 1981

Thirteen preschools submitted data on planned fall placements of handicapped children who were in preschool educational programs during the 1980-81 school year and are kindergarten age for fall 1981.

Of the 148 children reported, 92 will be in regular kindergarten programs and 10 in remedial kindergarten. Fifty-six in the regular kindergarten will require support services while for 36 children no support services are deemed necessary. Thirty-two children will require placement in a special education classroom. Fourteen children moved or for other reasons are no longer in the original school district.

COST EFFECTIVENESS

Research is showing that not only are early education programs effective in causing child change but that they are cost effective also.

-Haring, Norris G., and Hayden, Alice H. Effectiveness and Cost Efficiency of Early Intervention with Handicapped Children. Paper presented in Seattle, 1981.

-Early Intervention for Children with Special Needs and their Families; Findings and Recommendations. Western States Technical Assistance Resource (WESTAR) Series Paper #11. June 1981.

Both of the above, report findings from data collated and averaged from a number of early education programs.

Costs of education for handicapped children increase as intervention is delayed. Median costs of special education per child per year were computed as:

$2,021 for children under age two

$2,310 for children three to five years old

$4,445 for elementary and secondary students.

-In addition, children who receive early special education frequently enter regular education classes where these studies reported the average cost per child per year as $1,148.

-Average total costs for an 18 year period if intervention begins at birth is reported as $37,273.

-If delayed until age 6, the costs rise to $46,816 or $53,340 depending on whether or not a child can enter regular education.

The above figures are based on the predicted numbers of handicapped children who will be able to leave special education services and enter the regular program.

At age 18, if intervention occurs before age 2, only 261 of 1,000 students will still require special education. Of 1,000 children who do not receive intervention until age 6, 670 will still require special education at age 18.

"Clearly, early intervention is cost effective with benefits to the child, the family and the taxpayer."

Kansas State Department of Education

Kansas State Education Building

120 East 10th Street Topeka, Kansas 66612

YEAR END REPORT FY 1981

EARLY CHILDHOOD HANDICAPPED PROGRAMS

prepared for

THE KANSAS STATE BOARD OF EDUCATION

I N T R O D U C T I O N

Definitions

Population: Early childhood education programs for the handicapped are designed especially for children from birth to school age. Handicapping conditions may include sensory deficits (hearing and vision), physical, mental, or learning impairments, and communication delays. These handicaps are frequently associated with children born prematurely or who at birth have severe respiratory distress, central nervous system damage or other complicating medical problems.

Early Education: Early education programs are purposeful, sequential activities which are designed to alleviate or minimize the adverse effects of the handicap at an age when children typically develop most rapidly and are most amenable to the intervention.

Program Purpose

The purpose of the early childhood handicapped education programs is to minimize or prevent the effects of handicapping conditions on the ability of young children to learn, to reduce the cumulative effects of failure to develop at age typical rates and to bring children with handicapping conditions to as near age-appropriate preacademic and developmental levels as possible. Data from long term research studies show that children with handicaps tend to fall further behind in development as they get older, and that these handicaps have a correlation with later lowered academic achievement.

Research has also shown that handicapped children benefit from early educational intervention to the extent of needing less intensive special education in their school years and becoming a less dependent, more productive member of society.

Current Laws and Regulations

Programs for young handicapped children are permissive under Kansas statutes and Kansas Administrative Regulation 91-12-21 specially states that:

"Services for preschool children are authorized but not mandated and nothing herein shall be construed to prevent the use of local funds or state special education categorical funds for such preschool programs."

P.L. 94-142, Education of the Handicapped Act, requires that all handicalled children (birth to age 21) be identified and that all identified handicapped children and students between ages three (3) and twenty-one (21) receive a free appropriate public education. In P.L. 94-142 an exception or waiver (to the ages to be educated) is granted under certain conditions. Because of the exception, Kansas is not mandated to educate children under age five (5).

The child find (identification) mandate has no waiver. The Kansas State Plan for Special Education and P.L. 94-142 requires public schools to offer screening for handicapping conditions to all children in the preschool ages.

S E R V I C E S

There are sixty-one (61) public school special education administrative units in Kansas. Approximately Five Thousand (5,000) Kansas preschool children are in need of special education services.

Children Served

During the 1980-81 school year local public schools reported the following:

Number of Districts or Cooperatives	Handicapped Children Served	
	Under Age 3	Age 3 to School Age
33	37	492

Community developmental preschools offering programs which meet state education standards, two state institutions and Head Start programs served additional children during the 1980-81 school year as follows:

	Number of Programs	Handicapped Children Served Birth to School Age
Developmental Preschools	10	254
State Institutions	2	37
Head Start	67	464 (unofficial count)

TOTAL Preschool Children Served during 1980-81.....1,284

Staff

Staff of the public school programs in FY 81 included 37 certified Early Childhood Handicapped (ECH) teachers and 52 paraprofessionals. Fifteen additional professional staff (offering support services such as speech, occupational therapy, physical therapy, etc.) are employed in the preschool programs.

Models

Preschool special education is delivered through three major models: the Center Based/Group model, the Home Based/Individual model and the Combination model. Parent involvement is an integral factor in all models.

The maximum child-teacher ratio is 8 to 1 in center programs, however, the half-day program makes it possible for a teacher to have two classes of 8 children each.

The individual model caseload depends upon whether paraprofessionals are used and whether the service is delivered in the home (requiring driving time) or in a center. The maximum caseload for a teacher in the Home Based/Individual model (with the assistance of paraprofessionals) was 24 children during 1980-81 and has been increased to 26 for FY 82.

The combination model (Group and Individual)must be approved on an individual basis. Further information on the models and pupil/teacher ratios are delineated in the Special Education State Plan.

Funding

Each community that has chosen to offer preschool special education has developed the option that maximizes the educational opportunities which they can offer. Handicapped children are served in their own homes, regular preschools including Head Start, in integrated programs with handicapped and non-handicapped in about equal proportions, and in either interrelated or categorical special education classrooms.

These programs are funded in various ways. Portions of their budgets may come through local board of education funds, federal P.L. 94-142, Part B and P.L. 89-313, Title 1 funds. No state equalization (state aid to education) is available to preschool programs.

MAJOR ACCOMPLISHMENTS AND TECHNICAL ASSISTANCE

A strong assist to the development of Early Childhood Handicapped programs has occurred in the last four years through federal funding of a State Implementation Grant. Public school programs for young children have grown from 8 to 33, teacher certification (now, training school program approval) standards have been developed, standards for the ECH programs have been developed, etc.

During FY81 two of the above were completed. The ECH section of the State Plan was reviewed and a major revision was completed and the certification regulations were presented to the Standards Board, adopted, and received by the State Board. Other accomplishments completed include:

1. Program Monitoring and Technical Assistance: Sixteen preschool programs were visited by monitoring teams, twelve by Early Childhood staff. In addition, program visits to four programs were carried out.

2. Professional Development: A seminar for college faculty was held in November 1980. Five universities and the Early Education Project planned and the universities offered a spring course in Early Childhood Assessment. (Title VI-D paid stipends to eligible students).

3. Technical Assistance Materials Produced:

   - Draft of ECH paraprofessional job descriptions.

   - Preschool Planning Guidelines.

   - Compliance/Monitoring of Preschools for the Handicapped.

   - Planning Packet for LEAs and community organizations to plan preschool handicapped services. The packet which is to be bound into a notebook consists of materials that have been developed or revised this year in addition to others in draft status or completed prior to FY81.

4. A proposal for continuation of the State Implementation Grant for FY82 was submitted to the Office of Special Education, Washington, D.C.

5. Long Range Planning: Coordinated interagency planning is a major goal of the SIG project and has required considerable time and effort by staff to facilitate this process (also see Interagency Activities). Four meetings of the large group (Preschool Interagency Coordination Committee) have been held, including a 2 day retreat, and 21 meetings of sub-committees and task force groups have occurred. Parts of the long range plan are in draft form and three local pilot "High Risk" registries are being planned. Where needed, interagency agreements will be drafted.

6. Program Evaluation System: A system for the evaluation of effectiveness of programs was developed and is being instituted in ECH programs for FY82.

MAJOR PROBLEMS AND CONCLUSIONS

There is a strong interest in Kansas to provide efficient early education programs for handicapped children. Public support of a bill introduced in the 1980 legislature appeared good although it was not reported out of committee.

Currently programs are faced with possible reductions in existing programs and almost certain delay in implementation of any new programs because of cutbacks in federal funding and lack of state aid. Inclusion of preschool handicapped programs in state equalization aid would give programs a more stable base.

Exclusion of preschool age handicapped children from the mandate is a serious problem, and from available research, is counter to the most effective and cost efficient provision of special education services. Services should be available from the time the handicap is identified to most effectively reverse its effect.

Within the Department of Education, lack of sufficient travel funds for technical assistance and inservice to local staff is a problem. As new programs are started, on site technical assistance is the most effective way to avoid problems. Monitoring of programs is important, but is often "after the fact" if technical assistance was not available as the program developed.

STATE ADVISORY COUNCIL FOR SPECIAL EDUCATION

Ms. Joan Strickler, Chairman
513 Leavenworth St., Suite 2
Manhattan, KS 66502
(913) 773 - 1541
KANS-A-N #567 - 8670

M E M O R A N D U M

November 24, 1980

TO: Members of Kansas State Board of Education

FROM: Special Education Advisory Council

RE: POSITION ADOPTED BY THE STATE PRESCHOOL INTERAGENCY COORDINATION COMMITTEE ON EARLY EDUCATION PROGRAMS FOR THE HANDICAPPED

The Special Education Advisory Council reviewed the above-named position paper at their November 21, 1980 meeting, and the following motions were passed unanimously. These motions represent recommendations to the State Board for your consideration.

Motion No. 1. proposed by Dr. Herbel, seconded by Dr. Meyen.

The Special Education Advisory Council is supportive of the concept that preschool education is beneficial and is needed for handicapped children in the State of Kansas.

Motion No. 2. proposed by Jack Hobbs, seconded by Dr. Rutherford.

We recognize the need for mandated preschool education for the handicapped and recommend that it be pursued at such time the Legislature can assure that it will be adequately funded.

Motion No. 3. proposed by Dr. Herbel, seconded by Dr. Meyen.

Recommend that when funds are made available by the Legislature for mandated preschool programs for the handicapped that there be a minimum of three years lead-in time for implementation.

Motion No. 4. proposed by Dr. Meyen, seconded by Dr. Herbel.

Recommend that mandating preschool education for the handicapped would be dependent upon the provision of sufficient teacher training resources.

(O V E R)

Membership
James E. Marshall, Executive Secretary
Virginia Anderson Dr. Donald W. Herbel Dr. Edward L. Meyen John Frye
Karol Kirmer Jack Hobbs Dr. Roy Rutherford Esther Taylor

Motion No. 5. proposed by Dr. Rutherford, seconded by Virginia Anderson.

Recommend that preschool education specialist position in the State Department of Education be funded through VI-B administration funds in order to maintain existing efforts and to expand preschool programs, parent education, and involvement.

Motion No. 6. proposed by Dr. Rutherford, seconded by Esther Taylor.

Recommend that the Board request legislative action to require local and state interagency agreements by which programs may be maintained and expanded and tied into multi-sourced mechanisms for adequate delivery of services.

Motion No. 7. proposed by Dr. Rutherford, seconded by Esther Taylor.

Recommend the continuing role of the Preschool Interagency Coordinating Committee in long-range planning for preschool handicapped children.

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In addition, the Advisory Council discussed the cost (fee) for provisional certification renewal, and the following motion by Dr. Rutherford, seconded by Esther Taylor, was passed.

Motion: Recommend that the State Board of Education make it possible for program approval to be facilitated so that problems related to delays in processing teacher certificates be diminished.

ft

MEETING DATES

Kansas Interagency Coordination Committee

November 5	1980
March 12 and 13	1981
May 5	1981
June 16	1981
August 6	1981

Product: Draft of long range plan (Attachment II.A.8.)

Task Force Meetings

Parent Involvement

September 17	1980
October 15	1980
November 19	1980

Philosophy and Parent Involvement

March 13	1981
May 5	1981
June 3	1981
June 16	1981
July 24	1981
August 20	1981

Products: Attached Brochure and sections of long range plan draft.

Professional Development

September 19	1980
November 7 and 8	1980
July 15	1981

Activity: Assessment course see Attachment I.C.3

Standards (State Plan)

October 21	1980
November 14	1980
December 12	1980
January 12	1981
January 26	1981

Product: State Plan standards for early childhood education of the handicapped see Attachment I.A.1.b.

Task Force Meetings (continued)

Awareness and Identification

March 13	1981
May 5	1981
June 4	1981
June 16	1981
July 14	1981
July 24	1981
August 18	1981

Product: Section of long range plan draft

Service Delivery and Evaluation

March 13	1981
May 5	1981
May 29	1981
June 16	1981
July 21	1981

Product: Section of the long range plan draft

Legislative Concerns

September 19	1980
September 23	1980
October 14	1980
December 15	1980

Product: Position Statement see Attachment II.A.1.b. and II.A.1.d.

Medical/Educational Task Force

April 21	1981
May 5	1981

Product: Special Child Clinic, in cooperation with Count Your Kid In (Child Find) staff; see Attachment II.A.6.

Enabling Task Force

March 13	1981
May 5	1981
June 16	1981

Product: Input into the long range plan draft.

Salina Meeting of the Kansas Preschool Interagency Coordination Committee

March 12 and 13, 1981

N O T E S

Participants included representatives of the

State Departments of
Social and Rehabilitation Services
Education
Health and Environment

University Teacher Training Staff

Parents and other members of Advocacy Groups

State Advisory Councils

State and Local Service Providers

Local School Administrators

FIRST DAY - Large Group

The group defined their task by identifying the (1) population needing service, (2) the types of services needed, and (3) characteristics of the service. This was in general terms and led to the following key words:

Population

Young child (birth to schoolage)
Handicapped
At Risk
Family of Child

Services Needed

Health (both preventive and treatment) possibly to include genetic counseling prenatal information.

Mental Health
Social
Education
Professional Training
Child Identification (Diagnosis)
Child Follow-up
Funding

Characteristics of Needed Services

Based on need of child and family
Coordinated
Flexible systems
Available
Appropriate (Individualized)
Comprehensive (full spectrum)
Cost Effective

From the above descriptions the group defined a goal for this planning effort.

To develop an interagency plan for the delivery of comprehensive coordinated services for preschool-age handicapped and "at risk" children.

The group felt strongly that the above should read "children and their families", but also that parents were not just the recipient of services, but were partners in meeting the children's needs. Therefore, the goal may need to be revised slightly.

Small groups divided randomly were asked to brainstorm the elements which they thought should be included in a comprehensive state plan. After each group reported their work the elements were clustered into seven (7) major areas. They were:

1. Philosophy
2. Awareness - Public/parent/professional
3. Identification of Children
4. Delivery of Services
5. Supporting and Enabling Systems
6. Evaluation of Programs
7. Parent Involvement

The seven (7) elements were grouped so that four (4) task force groups could start discussion and preliminary planning. From the above list the elements were assigned as follows:

TASK FORCE	ELEMENTS OF PLAN
I.	Philosophy (See No. 1 above) Parent Involvement (See No. 7 above)
II.	Awareness (See No. 2 above) Identification of Children (See No. 3 above)
III.	Delivery of Services (See No. 4 above) Evaluation of Programs (See No. 6 above)
IV.	Supporting and Enabling Systems (See No. 5 above)

Participants chose the task force on which they would like to serve.

SECOND DAY - Task Force Groups

Each task force was asked to develop a preliminary statement or standard about the parts of the plan for which they were to be responsible. This statement or standard should indicate preliminary thinking on what is needed to provide quality services for young handicapped children. Discussion was not to be on "the way we do it now", but on the things which the group could agree were needed to provide quality services. At later sessions existing service delivery systems will be reviewed and recommendations developed for a coordinated delivery of services.

Attached are the reports from the four (4) task forces.

At the end of the planning retreat, it was determined by those present that the next meeting would be set for May 5, 1981 at 9:00 a.m. through 3:30 p.m. at #501 Board of Education, 624 West 24th Street, Topeka, Kansas 66611, Telephone: (913) 233-0313.

GROUP I

M E M O

Memo to: Task Force on Philosophy & Parent Involvement

From: Gay Dobson Date: 3/17/81

==========

I. Philosophy

Children with handicapping conditions have the right to achieve their maximum potential as free and purposeful citizens. Therefore, it is imperative they receive appropriate, early intervention to overcome the barriers that the handicapping conditions may impose on this full development.

The family is the most important influence in the life of the young child. In order to utilize this resource in the lines of children with handicapping conditions, appropriate support systems are necessary which recognize the special role of parents in the development of their children and speak to the special needs of parents of children who are handicapped.

Bold, new initiatives must be adopted to secure and enhance the ability of agencies to work together in serving handicapped children and their families. Committed interagency cooperation means:

A. Better services for families because agencies work together to avoid duplication and fill in the service gaps.

B. The ability to respond to community differences and "tailor make" programs to meet local needs.

C. The Dollars Go Further.

D. Savings in time & resources because agencies can profit from the experiences of others and share expertise.

E. Enhanced Stability and Continuity of services because they are not solely tied to one agency or funding source .

Such initiatives for interagency coordination will not come from tradition, but from vigorous legislative mandates and the serious committment by state and local agencies, both private & public, to working together for handicapped children and their families.

Agencies should work toward enhancing the community's awareness and understandi of handicapping conditions and the community's acceptance and support of families with handicapped members.

II. Parent Involvement

Support to parents -

- in accepting the problem
- in understanding the nature of the problem
- in finding appropriate resources and services
- in planning for the child's future needs

Group II Report: Gorin Rutherford

Awareness and Identification Process

There will be a comprehensive on-going program to increase the awareness of the public, families and professional for the purpose of preventing and identifying handicapping conditions.

Utilize public, professional and family awareness to enhance the development of compenatory skills which will allow the child and family to function within his/her environment.

Group III Report: Al Amey

Goal: Service delivery should be designed on a integrated model and should reflect the child's total environment. The plan should be a flexible coordinated effort of the health, education and social services reflecting the individual needs of the child and family.

Delivery of services:

Implementation
Placement
Availability
Follow-up
Family Support (involvement)
Parent Counseling (relationships)
Continuum of services
Well Trained personnel
Environment
    Opportunity to learn
Socialization
Referral System

Physical Therapy
Occupational Therapy
Nursings
Medicine
Speech and Language
Audiology
Teachers
Psychologists
Administrators
Social Workers
Nutritionists
Dentis
Counseling
Case Manager
Health Education
Legal
Financial
Parent
Advocate

Group IV Report: Janet Schalansky

To establish in Kansas an Administrative and supportive structure which will facilitate the implementation of the model service delivery system for preschool age children who are handicapped. Through, interagency cooperation on regulations (staff, etc.) and finding requirements which will maintain quality, accountable programs.

Action Steps

1. Identify existing system and resources
2. Look at Model Service delivery system
3. Identify gaps in network
4. Develop procedures to fulfill gaps

KANSAS PRESCHOOL INTERAGENCY COORDINATION MEETING - Participants

March 12 and 13, 1981

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SPECIAL CHILD CLINIC PROGRAM

GOALS

The Regional Special Child Clinic Program is a cooperative endeavor of the Kansas Crippled Children's Program, Kansas Department of Health and Environment and of Special Education Administration Section, Kansas Department of Education. The intent of this program is to provide a structure for local, regional and state level collaboration in interdisciplinary evaluation, specialty consultation, program and treatment planning for handicapped youth in Kansas aged 0-21 years whose complex and special needs require active intervention from a variety of service providers. The goals of the program are:

(1) To assure needed services to handicapped youth through use of local and state resources, avoiding service duplication;

(2) To increase the participation of the medical and health community in the evaluation and program planning for handicapped youth served by Special Education; and

(3) To provide training and consultation to further the skills of community based professionals who serve the handicapped child.

PROGRAM DEVELOPMENT

The Special Child Clinic Program proposes a statewide network of regional centers, with catchment areas that correspond to existing special education boundaries. Development of a regional program is predicated on support and participation of service providers and parents within the catchment area. Development begins with a planning meeting between personnel of participating state agencies and regional representatives of the following: parents, medical/health community; Special Education; mental health community; preschool and development programs, including Head Start; and social service.

If development of a center is feasible, an interagency steering team is designated by the planning group. The steering team selects a clinic coordinator(s) and participates in on-going development of resources and procedures. Activities take place to introduce the goals and objectives of the program to parents, service providers and general public within the region. The training activities of the state agencies focus on operational guidelines, referral procedures and on skills development for interdisciplinary service. The state agencies facilitate and fund services of specialists from the fields of medicine, allied health, and education who provide clinic evaluation and consultation. Core members of the consultation team currently include pediatric neurology or developmental pediatrics, behavioral psychology and perceptual motor specialties. Other consultants may be included from the specialties of nutrition, orthopedics, otology, cardiology, education and others as needed.

SERVICE DELIVERY

The target population for the Special Child Clinic Program encompasses any youth aged 0-21 years who is at risk, suspected or known to have a chronic health problem that results in physical disability, behavioral disorder, or functional impairment, who would profit by the expertise offered by the clinic. Specific criteria include the following: Age 0-21 years; Kansas residency; evidence of a potentially handicapping condition which requires secondary level evaluation and/or interdisciplinary program planning to establish a coordinated plan of care; evidence of need for medical or allied health evaluation or consultation to formulate or support a coordinated plan of care.

The frequency of clinic service will vary, related to need and to the availability of local and state service and funding resources, with quarterly intervals anticipated for each region. Handicapped youth may be referred for Special Child Clinic service by parents, physicians, educators, or any health or social service provider. Selected members of the steering team review clinic referrals to select youth for direct clinic evaluation or to initiate referral to service resources that are available in the region. Within each clinic day five to six youth are evaluated by each specialty consultant. Parents, specialty consultants and appropriate local service providers then meet together to formulate specific recommendations for the youth's care, treatment and educational needs. Follow-up is conducted by the clinic coordinator(s) to determine outcome and/or need for additional clinic service.

Questions about your child's Development

IF YOUR CHILD IS ONE YEAR OLD

The child should now be able to:

- move head from side to side
- lift head and chest
- associate sights and sounds
- follow objects
- watch objects and swipe at them
- reach for objects that he/she wants
- maintain attention
- roll over
- babble
- sit and pivot
- seek mother for comfort
- crawl and scoot
- interact with familiar persons
- imitate behavior
- stand
- make repetitive vowel sounds
- walk with help
- attempt feeding self
- say "mama" and "dada"
- begin using a few other words

— PARENTS' CONCERNS

If you feel as though your child is delayed in one or more of the areas mentioned, then the following information may be of help to you. Please remember that this is meant to guide you in finding out if there truly is a problem which needs professional help. It has been prepared by parents and professionals working in the field of early childhood development. In many instances, checking your concerns may prove that there is no problem. In either case, it is important that you proceed in seeking answers about your child's development.

?

— QUESTION YOUR PHYSICIAN

More than likely you have already made numerous visits with your child to your family physician. He/she is usually the first person you turn to when you have a question regarding your child's development. The following questions may be helpful to you in organizing your concerns about your child. You may want to take these questions with you on your next visit to your physician. The more information that you can share with your physician the better he/she can help you.

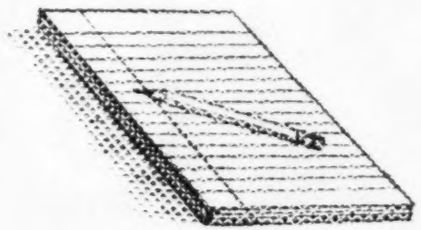
— ASK

1. Have you identified your concerns?

   — be specific (i.e., my child doesn't seem to respond to voices)

2. Have you made a list of these concerns?

   — write up a copy for your physician to be recorded in your child's record.



This is a relatively new area of diagnosis and problem-solving and it is vitally important that your physician consult a knowledgeable pediatrician if he/she has not had experience in this field.

Funded by Handicapped Early Childhood Assistance State Implementation Grant Title VI-C, PL 91-230 B, ...ion for Education Of The Handicap

— SOME EXPECTATIONS that you should have in your visit with your physician are:

1. that your physician will take the time to discuss with you the specific concerns you have about your child.
2. that if the possibility of a problem does exist, your physician will test your child himself/herself, or will refer you further for the testing.
3. that if the possibility of a problem does exist, your physician will help you plan how to deal with the problem. (i.e., informing you of specialists who deal with certain problems, Count Your Kid In Clinics, Advocacy Groups, Parent Groups, etc.).

QUESTIONS you may want to ask your physician:

1. Are you comfortable in working with developmentally delayed children?

2. If needed, can you direct parents ,o outside resources? (specialists, infant centers, advocacy groups)

If after your visit, you still feel uneasy, please don't hesitate to get a second opinion. Many physicians today are trained to deal with children who have delays, and therefore can be of assistance to you. Do not feel guilty about searching for that physician whose reputation among other parents is described as knowledgeable, empathetic, and resourceful.

Perhaps the best advice is to proceeed carefully and become familiar with the alternatives that deal with your particular concerns. You are encouraged to discuss these options with professionals, advocacy groups, and parents. Unanswered questions can only compound your concerns and place additional stress on the entire family.

MATERIALS AVAILABLE FROM THE EARLY CHILDHOOD EDUCATION OF THE HANDICAPPED PROJECT

Brochures

1. Things that Count - As Children Grow and Develop
2. Cosas de Importancia - Para el Crecimiento y Desarrollo de Niños (Spanish version of Things that Count)
3. Puzzled About Handicapped Preschoolers?
4. Questions about your Child's Development? (for parents of young children)

Slide Tapes and Films (for loan only)

1. Whispers (1978) KSDE Production by Words and Pictures
   Public awareness of need for preschool handicapped programs
   (Slide tape for 35mm carousel and tape programmer)
2. Roadblocks (1979) KSDE Production by Words and Pictures
   Interagency planning for preschool handicapped programs
   (Slide tape for 35 mm carousel and tape programmer)
3. The Fortunate Few
   Calvin Communications, Inc.
   (16mm sound color film)
4. Starting at the Beginning (1981) - WESTAR Production
   (Slide tape for 35mm carousel and tape program)

Program Planning Papers

1. Screening, Evaluation and Assessment of the Preschool Handicapped Child
   February 1980 (A listing of instruments suitable for preschool handicapped children)
2. Needs Assessment for Preschool Programs for the Handicapped
3. Parental Rights in Special Education of Preschool Children in Non-Public Schools
4. Planning Handbook for Early Education of the Handicapped in Kansas
   Revised 1981
5. Projected Costs of Serving All Handicapped Children from Birth to School Age, October 1981

Miscellaneous

1. Helping Children Grow, Washington County Childrens Program, Maine.
   Help parents develop realistic expectations for their children.

Miscellaneous (continued)

2. Taped interviews with parents of Handicapped Children, Washington County, Maine, Childrens Program. For loan only.

3. Helping Parents "Group", Washington County, Maine, Childrens Program. A handbook for planning parent programs. For loan only.

TO REQUEST ANY OF THE ABOVE MATERIALS WRITE TO:

Early Education of the Handicapped
Special Education Administration
Kansas State Department of Education
120 East 10th Street
Topeka, Kansas 66612
(913) 296-4928

D R A F T

A LONG RANGE PLAN OF THE KANSAS PRESCHOOL INTERAGENCY COORDINATION COMMITTEE

GOAL:

The Goal of this committee is to develop an interagency plan for the delivery of comprehensive coordinated services for preschool-age handicapped and "at risk" children.

While all children have the right to equal opportunity to achieve their potential, this committee has felt it imperative to focus on a particular group of children: Those who have, or are at risk for, handicapping conditions which are inherently barriers to usual typical development.

STATEMENT OF PHILOSOPHY:

It is the philosophical consensus of the committee that children with handicapping conditions have the same right as all children to achieve their potential as free and purposeful citizens. Therefore, it is imperative they receive appropriate, early intervention to overcome the barriers that the handicapping conditions may impose on this full development.

The family usually is the most important influence in the life of the young child. In order to utilize this resource in the lives of children with handicapping conditions, appropriate support systems are necessary which recognize the special role of parents in the development of their children and speak to the special needs of parents of children who are handicapped.

New strategies must be initiated to secure and enhance the ability of agencies to work together in serving handicapped children and their families. Interagency cooperation should be directed toward quality comprehensive services for young handicapped children through:

- -More adequate services.
- -Programs designed to meet local needs and respond to community differences.
- -Effective use of available funds to avoid duplication and fill service gaps.
- -Savings in time and resources as agencies profit from the experiences of others and share expertise.
- -Enhanced stability and continuity of services which are not tied to a single agency or funding source.

Comprehensive coordinated services for preschool handicapped and "at risk" children will encompass a number of elements.

These have been classified as sytems for enabling awareness, screening and entry, and service delivery.

All persons concerned about handicapped children must work toward enhancing the community's awareness and understanding of handicapping conditions the value of early intervention and establishing the community's acceptance and support of families with handicapped members.

The objective of parent involvement is to insure that parent needs and contributions are incorporated into the comprehensive service plan for the special needs child. Parent involvement means parents participating in an action plan which both defines their need and recognizes their strength and special talents. Parent involvement means parents and professionals working together in order that family needs may be met and parent strengths may be fully utilized in building excellent programs for young handicapped children. In such programs both school and home play important parts.

At various times both parents and professionals may fill quite different roles, moving back and forth from helper to helpee depending on the nature of the task to be accomplished and the backgrounds and experience of each. The roles are not mutually exclusive. During some periods parents may be quite dependent, particularly in the early stages of parenthood. At other times, professionals might depend quite heaveily on parents to serve as legislative advocates, for example. Such mutual support must be recognized and cultivated.

Parent involvement means parents and professionals planning and sharing together, listening to each other and working through problems. It is much more than one group doing something to or for the other group.

The objective of the awareness system is to develop a comprehensive on-going program, so as to increase the awareness of the family/parent, policy makers, professionals, and public for the purpose of preventing, identifying or remediating handicapping conditions, in order to enhance the develop of potential skills which will enable children and families to function within their environment. Therefore, the first objective of publicity is to recognize the interest of the public and assist them in understanding of the potentials, as well as the problems of persons with handicapping conditions or disadvantages which prevent normal development.

The questions addressed by an awareness program include:

a. What are early warning signs and risk factors? This would imply the necessary knowledge of normal growth and development.

b. What is the value of early intervention: To what degree can handicapped persons come to participate as contributors in society? Who are the self-sufficient handicapped in the community?

c. How can handicapping conditions be prevented, overcome or alleviated?

d. What services are available and how can these services be accessed?

e. What are the individual responsibilities and rights relating to preschool handicapped children?

f. What are the responsibilities of the public in the provision of service, keeping in mind that with intervention many handicapped will become more independent.

g. What are the roles of professionals in the provision of services?

The audience targeted for an awareness campaign will determine the focus of the information disseminated. From the total list of topics, those appropriate for each audience are selected.

FAMILY/PARENT

1. How can handicapping conditions be prevented?

2. What are early warning signs and risk factors? This would imply the necessary knowledge of normal growth and development.

3. What is the value of early intervention? To what degree can handicapped persons come to participate as contributors in society? Who are the self-sufficient handicapped in the community?

4. What services are available and how can these services be accessed?

5. What are the individual responsibilities and rights relating to preschool handicapped children?

POLICY MAKERS/ADVOCATES

1. What is the value of early intervention? To what degree can handicapped persons come to participate as contributors in society? Who are the self-sufficient handicapped in the community?

2. What are the responsibilities of the public in the provision of service, keeping in mind that with intervention many handicapped will become more independent?

3. What services are available and how can these services be accessed?

4. What are the individual responsibilities and rights relating to preschool handicapped children?

5. What is the role of proefssionals in the provision of services?

PROFESSIONALS

1. What are early warning signs and risk factors? This would imply the necessary knowledge of normal growth and development.

2. What is the value of early intervention? To what degree can handicapped persons come to participate as contributrs in society? Who are the self-sufficient handicapped in the community?

3. What are the roles of professionals in the provision of services?

4. How can handicapping conditions be prevented? Overcome? Alleviated?

5. What services are available and how can these services be accessed?

PUBLIC

1. What is the value of early intervention?

2. What are early warning signs and risk factors? This would imply the necessary knowledge of normal growth and development.

3. How can handicapping conditions be prevented?

4. What are the responsibilities of the public in the provision of services?

5. What services are available and how can these services be accessed?

All the usual avenues for public information will be utilized, newspaper, radio, television, brochures, civic club presentations, etc. The awareness program for each community will be tailored to their specific needs.

SCREENING AND SYSTEM ENTRY

Given that a community is aware of handicapping and risk conditions, a system of screening and entry into the service delivery system is essential. Because pre-school handicapped children have needs that are recognized and met by a variety of agencies, a coordinated effort is indicated.

The objective of the screening and entry element is to develop a comprehensive interagency system for location, screening and referral of children who are at risk and/or who have handicapping conditions that would prevent development to their potential. A process of screening should exist to assure that all children from birth to age six years are able to receive periodic, comprehensive health and developmental screening to identify possible special needs. When recognition exists of a possible problem there should be an awareness of where to go to begin the identification process with no eligibility requirements, no age, financial, or geographical limitations and there should be no cost to the clients at this point in the system.

Ideally this service system should have a central entry locus with a central program coordinator who is responsive to parents and children and to all agencies in the system. Parents with an at risk or handicapped child should be able to enter the system through this central locus and receive the following: Screening, comprehensive evaluation, and selection of appropriate services from the available array of community and regional resources.

Central entry locus and central program coordination should be at the local level and should be as neutral from the actual delivery systems as is possible in that given area. The activities of this system would include the following:

1. Screening by a team of professionals from appropriate discipline.

2. Information and referral

   -Knowledge of the resources available, including services, provider and possible funding.

   -Access to as much information as possible about the child (past records, evaluations, verbal descriptions from parents, etc.)

-Criteria for across discipline referrals.

-Directing or referring the family to resources according to an individual plan.

3. Follow-up (local tracking?) which includes any or all of the following.

-Contact to see if services are being provided according to an overall plan.

-Supportive assistance during the initial phase of the program.

-Periodic contact to assure that all needs are being met.

-Reviewing reports, attending meetings, etc.

GOAL FOR A SERVICE DELIVERY SYSTEM

A service delivery system should be designed which can meet the health, educational, and social needs of at-risk and handicapped young children and their families. An array of coordinated services should be available which will enable the optimal functioning of the child.

To assure this, services should be readily available to the family, primary care providers, and other significant persons in the child's life. The objective is to disregard current constraints on various agencies in the delivery of services and to design a flexible plan that responds to all aspects of child and family need related to the child's condition.

The services which should be available to at-risk or handicapped children are as follows:

Health Services

Medicines
Laboratory
Adaptive Services
Preventive
Diagnostic
Treatment and Therapy
Ongoing health assessments
Nutrition
Genetic counseling
Parent role
Home and community environmental control services
Education
Dental
Mental Health
Preventive safety
Immunizations
Prenatal care

Developmental Supports

Nutrition
Preschools - all domains
Parent Education
Parent Counseling
Parental role
Home and community environmental control services
Recreational services
Psychological services
PE and adaptive PE
PT and OT
Communication (Speech/Language Path.)
Physical activity - adaptive
Self esteem
Self help skill development
Prevocational
Socialization

ENABLING SYSTEMS

An array of services must be available which encompass both health services and developmental supports. Because services are provided from a variety of resources, and because some services depend upon the availability of some other supporting resources a set of enabling systems will be needed. The enabling systems would include:

-Advocacy for children and for programs
-Central program coordination by parents and professionals
-A referral system that extends to all areas of need
-Social service supports such as respite care, day care, foster parents, and surrogate parent service.
-Specialized counseling including legal counseling
-Training for professionals, paraprofessionals and parents
-Financial support for family
-Program funding
-Compatible agency regulations available as a book of requirements, basic, special and additional
-Single due date for program proposals
-Single state review for funding
-Interagency agreements to clarify responsibilities, cachment areas and and ambiguous situations.

PROGRAM EVALUATION

The systems evaluation would address topics that assess the success of the program in meeting the goal of developing an interagency plan for the delivery of comprehensive coordinated services for preschool age handicapped and at-risk children.

Topics that would contribute to the evaluation are:

1. Child change data.

2. Follow along data on child placement and participation in the community.

3. Consumer satisfaction.

   A. Data should be available on parent satisfaction with the system and child's program.

   B. Data should be available on parent satisfaction with the child's progress.

4. Public perception of programs.

5. What percent of services known to be needed are actually being provided.

Evaluation should be objective and some independent evaluations should be included.

Each individual service delivery should have its own internal evaluation system built within its structure.

All programs serving young children with special needs should be able to report the cost effectiveness of their services.

Data should be available for the cost of all preschool services.

Research should be available for the effectiveness of early childhood programs.

Kansas State Department of Education

Kansas State Education Building

120 East 10th Street Topeka, Kansas 66612

PROJECTED COSTS OF SERVING ALL HANDICAPPED CHILDREN
FROM BIRTH TO SCHOOL AGE

Population Estimate

Populations were estimated at 35,000 per one year cohort.

Actual live births reported in Kansas were:

Year	Births
1975	33,707
1976	35,278
1977	36,827
1978	36,581
1979	38,916

Handicapped estimates were projected at 1% of birth to 2 yr. 11 mo. and 5% of 3 to 5 yr. (after September 1) based on percentages where all preschool children are reported as being served.

Estimated Handicapped Population

Age Cohort	Total Population	Percent Handicapped Identified	Handicapped Children
Birth to 2 yr. 11 mo.	105,000	1%	1,050
3 yr. to 5 yr. (after Sept. 1)	81,667	5%	4,083
			5,133

Services and Personnel Estimates

Personnel needs were projected using the following staff-child ratios:

Center-based (group)	1 teacher	1 paraprofessional	16 children
Speech Therapy	1 therapist (FTE)		30 children
Home-based (individual)	1 teacher	3 paraprofessionals	24 children
Support Services	1 professional (FTE)		55 children

An Equal Employment/Educational Opportunity Agency

Services needed by young handicapped children will vary.

It is believed that the youngest benefit most from individual home-based services with the mother (care giver) as the primary teacher.

Because speech and language is of such great importance in these early years, as many as 40% of the 3 to 5 year-olds could be expected to benefit from only speech services. The rest (60%) would need the full program of a three-hour - five day a week center-based class with a special teacher.

Support services would need to be available to all children. Estimated number of personnel needed follows:

Services Needed	No. of Children	Personnel		
		Teachers	Paraprofessionals	Support
Center-based (60% of 3-5)	2,450	153	153	
Speech Services (40% of 3-5)	1,633			54.4
Home-based	1,050	44	132	
Support Services	5,133			93.3

Personnel Costs

The following estimate for salary and fringe benefits were used to project the cost of the above programs.

Professional (teacher, speech, support)	$ 16,800
Paraprofessional	$ 6,600

Calculations of program costs follow:

Center-based - 3 to 5 year old

$$\frac{\text{2450 children}}{\text{16 unit size}} = \text{153 units}$$

Unit = 1 teacher, 1 paraprofessional

153 x (16,800 + 6,600) $ 3,580,200

Speech Therapy - 3 to 5 year-olds

$\frac{1633 \text{ children}}{30 \text{ unit size}} = 54.4 \text{ units}$

Unit = 1 speech therapist

54.4 x $16,800 = $ 913,920

Home-based - 0-2 year-olds

$\frac{1050 \text{ children}}{24 \text{ unit size}} = 44 \text{ units}$

Unit - 1 teacher, 3 paraprofessionals

44 x [16,800 + 3 (6,600)] = $ 1,610,400

Support Personnel - all children

$\frac{5133 \text{ children}}{55 \text{ unit size}} = 93.3 \text{ units}$

Unit = 1 professional

93.3 x 16,800 = $ 1,567,440

Total Personnel Costs $ 7,671,960

Transportation Costs

Transportation costs were calculated at 20¢ per mile for automobile, for an estimated 40 miles per day average for 180 days for Home Based Teachers, Speech Therapists, and one-half of The Support Services Personnel; at 32 miles per day for parents who transport, and at $1,250 per child for bus transportation. Note that unlike school age students, every preschool child's program will involve transportation, either child to program or teacher/paraprofessional/therapist to the child.

Center-based (Pupil transportation) 2450 students

USD Transportation

1,225 Students @ $1,250/student $ 1,531,250

USD Pay Mileage to Parent		
1,225	Students - average 8 miles one way 2 round trips per day @ .20	$ 1,411,200
Speech (Teacher Transportation)		
54.4	Staff - average 40 miles/day @ .20	$ 78,336
Home-based (Teacher Transportation)		
176	Staff - average 40 miles/day @ .20	$ 253,440
Support Services (Teacher Transportation)		
93.3	Staff - one-half traveling - 46.7 staff average 40 miles/day @ .20	$ 67,176
	Total Transportation Costs	$ 3,341,402
	TOTAL PROGRAM COSTS (PERSONNEL & TRANSPORTATION)	$11,013,362

Progression to Full Services

Assuming that it would be five years before full services would be reached, and assuming that costs would increase at the rate of 10% per year, the projection of costs to full services would be:

	Full Service Estimate	Percent Achieved	Estimated Cost
1982	$ 11,013,362	20%	$ 2,202,672
1983	12,114,698	40	4,845,879
1984	13,326,167	60	7,995,700
1985	14,658,783	80	11,727,026
1986	16,124,661	100	16,124,661

October 7, 1980
Prepared jointly by

Kansas State Department of Education and
Legislative Research Department

Kansas State Department of Education

Kansas State Education Building

120 East 10th Street Topeka, Kansas 66612

January 5, 1981

TO: Merle R. Bolton, Commissioner

FROM: Division of Financial Services and
Division of Education Services

SUBJECT: Special Education Costs for Preschool Students

Listed below are the estimated costs for full service for special education students 0 to 5 years of age. These costs were jointly prepared by the State Department of Education and the Legislative Research Department.

	Estimated Cost	Percent Achieved	Estimated Cost
1982	$ 11,013,362	20%	$ 2,202,672
1983	12,114,698	40	4,845,879
1984	13,326,167	60	7,995,700
1985	14,658,783	80	11,727,026
1986	16,124,661	100	16,124,661

Listed below are the estimated costs assuming the special education mandate was dropped from 5 to 3 years of age. These costs were prepared by the State Department of Education.

	Estimated Cost	Percent Achieved	Estimated Cost
1982	$ 9,177,765	20%	$ 1,835,553
1983	10,095,541	40	4,038,216
1984	11,105,095	60	6,663,057
1985	12,215,604	80	9,772,483
1986	13,437,164	100	13,437,164

It is anticipated that due to limited teachers, facilities, and financial resources that the state would progress at approximately 20 percent towards the mandate each year for the next five years to reach full service.

NOTE: The estimated cost under the State School Equalization program assuming full service (0-5) and each student was counted as one (1) FTE is $3,552,000 under the current year.

ISSUE PAPER ON PREVENTION

1. ISSUE DEFINITION

What are the program emphases that can prevent or reduce the adverse effects of handicapping conditions on learning and thus reduce the need for intensive special education service.

(This issue will be discussed in two parts related to (A) general special education and (B) early childhood education for the handicapped.

2. BACKGROUND - PART (A) - General Special Education

The Kansas State Board of Education adopted state-wide goals for education in 1972. Goal II is: The Kansas Educational System, Recognizing Disparity of Educational Opportunity Afforded Various Segments of the Population, Shall Provide Programs Specific to the Needs of All Groups. The sub-goals and objectives of this goal speak to the need for the development of a positive learning climate in the schools with the early detection and resolution of social, emotional, and academic problems in the regular classroom or through special programs where needed.

Prevention or the minimizing of problems in the achievement and adjustment of children will result in the maximum development of the individual and the consequent benefits to society. Reduced costs for later services such as intensive special education as well as welfare, institutionalization, and crime prevention have been documented in recent research.

The Kansas Special Education for Exceptional Children Act passed in 1974 and the federal law, P.L. 94-142 passed in 1975 require the provision of services for children with handicaps. (In Kansas gifted-children are included). Provision of services includes support from school psychologists, school social workers, counselors, or other related services which are needed to allow the child to profit from the education program. Currently these support personnel can provide relatively little in the prevention area because staff time is not available.

Prevention also should include early childhood education programs for handicapped children which will be discussed in Part (B) of this issue paper.

3. POSSIBLE ACTION

The alternative for maximizing the "preventive approach with school-age handicapped children or potentially handicapped children can be accomplished based on extension of state support of special education services through state special education categorical aid. Additional school psychologists, school social workers, and possibly other support staff would be included in the State Budget Request for categorical positions.

4. RECOMMENDATION

It is recommended that state special education categorical aid be utilized to increase the "prevention of problems" activities. This alternative will require some additional funding as indicated above.

5. FISCAL IMPACT

Long term fiscal effects of this policy are difficult but possible to calculate. Research now shows less unemployment, fewer persons on welfare, fewer persons needing institutionalization, and fewer arrests for criminal activity among the handicapped population when early detection of problems occurs and when early educational intervention is carried out. (See State Special Education Budget for categorical details.)

2. BACKGROUND - PART (B) - Early Childhood Education for the Handicapped

Kansas Law has provided authority for special education for children, including those under school age, since 1949 when the Special Education Enabling legislation was passed. Such programs are encouraged but not mandated.

Beginning in 1976 in response to federal regulations (PL 94-142), the State Department of Education applied a portion of the federal Title VI-B entitlement funds to the development of the child-find effort (Count Your Kid In).

Since 1977 the State Department of Education has been granted federal funds for developing education programs for preschool handicapped children. Incentive Grant monies have been used as start up grants to LEAs initiating or expanding preschool programs. The State Implementation Grant funds have provided for state level planning, standards development, and assistance to LEAs in planning and implementing preschool handicapped programs.

With the state funding (special education categorical aid) and the federal funds which have been available the numbers of Kansas handicapped school age children receiving a free appropriate public education has risen from 407 in 1978-79 to 848 in 1980-81. This is, however, less than 20% of the estimated number of children needing service as shown in a 1980 Legislative Research Study.

It is recognized that children who have or are at-risk for handicapping conditions benefit markedly from early intervention. Data from Kansas schools providing the early intervention programs demonstrate that a significant number of handicapped chidren can be prepared for entry into the regular classroom. Others require less intensive special education than similarly handicapped children who receive no early intervention program.

3. POSSIBLE ACTION

Implementation of the early identification and intervention strategy can take several forms.

a. Screening, identification, and intervention for Kansas handicapped children as they reach three years of age is one alternative. One negative effect of this strategy is that the impact is diminished when the earliest years of the child's development are not included.

b. A second alternative is to offer screening to all children (birth to school age), and to provide services to those identified as handicapped or "at-risk". "At-risk" includes infants and children with a variety of conditions and/or developmental lags that are associated with a high incidence of education handicaps.

The preventive impact would be greatly increased by this approach and the costs of intervention would be considerably offset by savings realized later.

c. A third alternative is based on the need for interagency planning and coordination. Education is only one aspect of the services needed by young handicapped children and their families. With a minimal amount of funding an already existing preschool interagency coordination committee would be charged with the development of a comprehensive interagency plan and, where needed, interagency agreements. Benefits would be considerable with elimination of any gaps or duplication of service.

4. RECOMMENDATION

A combination of the alternatives b and c are recommended. Efficiency and effectiveness would be greatly increased if the educational intervention is available as soon as the need is identified and if services offered by all agencies serving this population are coordinated. Such planning would require at least one professional staff and one secretarial staff during the planning and coordination phase.

5. FISCAL IMPACT

In FY 81, total cost for early childhood programs, including federal, state and local monies, is about $2,000,000.00. Of this amount $689,974.00 was allocated from the State Special Education Fund and most of the remaining costs were covered from federal funds (P.L. 94-142 Special Projects funds, Incentive Grant monies, and P.L. 84-313 funds). At the present time local monies cover only a small portion of the cost.

Full implementation of services to preschool handicapped children as recommended by alternative b is projected to require four years beyond FY 81. Therefore, FY 82 would require approximately $833,000.00 additional in Special Education categorical aid. This does not include an increase for inflation. In addition, federal funding may be reduced. If so this money will need to be replaced by state or local monies.

Alternative c which would provide the ability to develop a state coordinated interagency plan for implementation of the early intervention would require approximately $60,000.00 for staff and Coordination Committee costs.

As indicated above, the data indicate that these costs for early childhood programs are offset by later savings in welfare, unemployment, institutionalization costs, and crime prevention.